

# Election of Major

## Social Work (58 hours)

2020-2021 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

✓ One Degree: \_\_\_BA \_\_\_BS

**Required Courses**

Do not write in shaded area

		<b>Hours</b>
<input type="checkbox"/>	PEAC 112 Concerning Poverty	3.0
<input type="checkbox"/>	PSYC 110 Introduction to Psychology	4.0
<input type="checkbox"/>	SOC 101 Introduction to Sociology	3.0
<input type="checkbox"/>	SOWK 110 Introduction to Social Work	3.0
<input type="checkbox"/>	SOWK 222 Social Research Methods	3.0
<input type="checkbox"/>	SOWK 228 Racial, Ethnic, & Gender Inequality	3.0
<input type="checkbox"/>	SOWK 274 Social Work Practice I	3.0
<input type="checkbox"/>	SOWK 334 Human Behavior & the Social Environment	4.0
<input type="checkbox"/>	SOWK 366 Social Welfare Policy	3.0
<input type="checkbox"/>	SOWK 375 Social Work Practice II	3.0
<input type="checkbox"/>	SOWK 384 Social Work Practice III	3.0
<input type="checkbox"/>	SOWK 475 Field Instruction	10.0
<input type="checkbox"/>	SOWK 476 Field Instruction Seminar	4.0
<input type="checkbox"/>	SOWK 477 Social Work Practice IV	3.0

**One course selected from:**

<input type="checkbox"/>	BIOL 102 Human Biology: Stages of Life	3.0
<input type="checkbox"/>	BIOL 204 Fundamentals of Human Physiology	3.0

**One course selected from:**

<input type="checkbox"/>	POSC 121 American National Politics	3.0
<input type="checkbox"/>	POSC 122 State and Local Politics	3.0
<input type="checkbox"/>	POSC 140 International Politics	3.0
<input type="checkbox"/>	POSC 233 Comparative Politics	3.0

Explain transfer, substitutions, or other irregularities:

Note: Students must apply for admission to the Social Work Program. Completion and signing of this form does not constitute admission to the Social Work Program.

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Work Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

***I understand I have final responsibility for monitoring my graduation requirements.***

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the Office of the Registrar**