

PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of SOCIAL WORK

F840/Q553

MAJOR: Social Work (dual degree with Master of Public Health)

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Norman, Tulsa, and Extended Campus, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a second degree (only for accelerated bachelor's/master's degrees or dual master's degrees), enter **Shared** in this column.

REQUIRED COURSEWORK: 51 hours. 6 hours to be shared with the Master of Public Health degree.

S WK 5313	Policy Practice in Social Work: Analysis and Advocacy	3			
S WK 5333	Human Diversity and Societal Oppression	3			
S WK 5373	Theory, Practice & Evaluation with Individuals	3			
S WK 5383	Theory, Practice & Evaluation with Families & Groups	3			
S WK 5403	Professional Social Work	3			
S WK 5433	Human Lifespan Development	3			
S WK 5513	Client-Centered Direct Practice	3			
S WK 5523	Macro Systems in Practice	3			
S WK 5973	Advanced Integrative Seminar	3			
S WK 5413	Social Work Practicum I	3			
S WK 5423	Social Work Practicum II	3			
S WK 5816	Social Work Practicum III	6			
S WK 5826	Social Work Practicum IV	6			
BSE 5113	Principles of Epidemiology	3			Shared/OUHSC
HPS 5463	Community Assessment, Organization and Interventions	3			Shared/OUHSC

Electives: 9 hours. 6 hours of S WK electives, and one 3-hour HPS elective to be shared with the Master of Public Health degree.

		3			
		3			
		3			

TOTAL HOURS:

60 hours required

I intend to graduate in the _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the [Graduate College Bulletin](#).

Student Signature _____ Date _____



I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison _____

Graduate Liaison Signature _____ Date _____

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Summer 2023**. Semester Admitted/Re-admitted: _____

Date Checked: ____/____/____ | Timeline Begins: _____ | Hours Required: _____ | **OK** ___ **Problem** ___