

**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**

M842, M846

**MAJOR:** Advanced Standing

**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 dual master's degree, enter **Shared** in this column.

**REQUIRED COURSEWORK**

S WK 5043	Introduction to Advanced Integrative Practice	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 5816	Social Work Practicum III	6			
S WK 5826	Social Work Practicum IV	6			

**Electives:** Choose 9 hours of graduate-level coursework from a list maintained by the academic unit and approved by the Graduate College.


**TOTAL HOURS:**

33 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** \_\_\_\_