



# GRADUATE PROGRAM

## Degree Self-Audit Form



Student Name \_\_\_\_\_ LC ID# \_\_\_\_\_

### MSW (From BSW) Degree Plan of Study

Done ✓	Course Number	Course Title	Hrs	Semester Course Taken	Grade Earned
<input type="checkbox"/>	SW 600	Understanding Mental Illness & the DSM-5	3	_____	_____
<input type="checkbox"/>	SW 605	Advanced Clinical Practice	3	_____	_____
<input type="checkbox"/>	SW 606	Adv Clin Prac:Theories, Models & Interventions	3	_____	_____
<input type="checkbox"/>	SW 613	Ethics & Advanced Practice	3	_____	_____
<input type="checkbox"/>	SW 633	Practice & Program Evaluation	3	_____	_____
<input type="checkbox"/>	SW 650	Field Practicum III	3	_____	_____
<input type="checkbox"/>	SW 651	Field Practicum IV	3	_____	_____
		<b><u>ELECTIVE HOURS:</u></b>	9		
<input type="checkbox"/>	_____	_____		_____	_____
<input type="checkbox"/>	_____	_____		_____	_____
<input type="checkbox"/>	_____	_____		_____	_____

Total Hours \_\_\_\_\_ of 30

**PLEASE NOTE:**

1. A total of 30 Hours must be earned for this degree
2. Must have a cumulative "B" (3.0) average or better

*This form must be completed by the student, attached to the GRADUATE LEVEL GRADUATION APPLICATION FORM and submitted with the \$100 application fee no later than the end of the second week of the semester prior to the semester of anticipated graduation.*