



GRADUATE PROGRAM

Degree Self-Audit Form



Student Name _____ LC ID# _____

MSW Degree Plan of Study

Done ✓	Course Number	Course Title	Hrs	Semester Course Taken	Grade Earned
<input type="checkbox"/>	SW 501	Social Work & Social Welfare	3	_____	_____
<input type="checkbox"/>	SW 505	Practice I: Individuals & Families	3	_____	_____
<input type="checkbox"/>	SW 506	Practice II: Groups	3	_____	_____
<input type="checkbox"/>	SW 510	Practice III: Understanding & Working with Communities & Organizations	3	_____	_____
<input type="checkbox"/>	SW 519	HBSE I	3	_____	_____
<input type="checkbox"/>	SW 525	Child Welfare	3	_____	_____
<input type="checkbox"/>	SW 533	Research Methods in Social Work	3	_____	_____
<input type="checkbox"/>	SW 549	Policy: Practice & Analysis	3	_____	_____
<input type="checkbox"/>	SW 550	Field Practicum I	3	_____	_____
<input type="checkbox"/>	SW 551	Field Practicum II	3	_____	_____
<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	_____	_____

SEE REVERSE



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ELECTIVE HOURS: 9

Total Hours _____ of 60

PLEASE NOTE:

1. A total of 60 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.