

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

M840, M844

MAJOR: Social Work

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 5403	Professional Social Work	3			
S WK 5433	Human Lifespan Development	3			
S WK 5373	Theory, Practice, and Evaluation with Individuals	3			
S WK 5333	Human Diversity and Societal Oppression	3			
S WK 5413	Social Work Practicum I	3			
S WK 5083	Social Work Research Methods	3			
S WK 5383	Theory, Practice, and Evaluation with Families and Groups	3			
S WK 5393	Theory, Practice, and Evaluation with Communities and Organizations	3			
S WK 5313	Policy Practice in Social Work: Analysis and Advocacy	3			
S WK 5423	Social Work Practicum II	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: 9 hours for non-thesis students, 3-7 hours for thesis students. Electives and/or directed readings.

THESIS RESEARCH: 2-6 hours S WK 5980 required for thesis students only. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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 2019**. Semester Admitted/Re-admitted: _____

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