

SOCIAL WORK

Master's Program

Two Year Program: MENTAL HEALTH

Name: _____ CWID#: _____

CORE CURRICULUM (32 Semester Hours)

FALL SEMESTER (12 Semester Hrs.)

COURSE	COURSE NO.	CREDIT	GRADE	SEM COMP
Foundations of Social Work Practice	SWK 501	3.0		
Human Behavior in the Social Environment	SWK 502	3.0		
Social Welfare Policy I	SWK 504	3.0		
Group Dynamics	SWK 510	3.0		

SPRING SEMESTER (14 Semester Hrs.)

Human Behavior & Social Environment II	SWK 503	3.0		
Social Welfare Policy II	SWK 505	3.0		
Intermediate Research	SWK 506	3.0		
Field Practicum I	SWK 507	4.0		
Field Practicum Seminar I	SWK 508	1.0		

SUMMER SEMESTER (6 Semester Hours):

Elective Courses in concentration as approved by Advisor _____

PROFESSIONAL MAJOR FIELD CURRICULUM (28 Semester Hours)

FALL SEMESTER (12 Semester Hrs.)

Multi-Cultural Applications of DSM 5	SWK 615	3.0		
Policy, Leadership & Administration in Mental Health Social Work	SWK 617	3.0		
Dual Diagnosis & Assessments	SWK 616	3.0		
Special Topics in Mental Health	SWK 623	3.0		

SPRING SEMESTER (16 Semester Hrs.)

Advanced Research & Program Evaluation	SWK 601	3.0		
Advanced Theory & Practice in Mental Health Social Work	SWK 618	3.0		
Integrative Seminar	SWK 602	3.0		
Field Practicum II	SWK 603	6.0		
Field Practicum Seminar II	SWK 604	1.0		

TOTAL SEMESTER HOURS REQUIREMENT 60 HOURS

This is an official student record and is not to be removed from the office of the Department of Social Work. If the student transfers to another program (change of major), this record will be transferred through official channels to the appropriate department and require a written acknowledgement of receipt. In compliance with the intent of the Federal Privacy Act, only the student's advisor or other faculty member or administrator who has a legitimate reason will have access to the contents of this record. The assigned advisor is responsible for compliance with this requirement.

Name _____ CWID# _____

Mailing Address _____
 (PO Box/Street) _____ (City) _____ (State) _____ (Zip) _____

ASU Email _____ Contact No. _____ Cell No. _____

Emergency Contact _____ Phone _____ Relationship _____

GRE Date Taken _____ Verbal Score _____ Quantitative Score _____ Analytical Writing _____

Undergraduate Degree (Social Work BSW) _____ Yes _____ No Undergraduate Degree (Non-Social Work) _____

Program: _____ Advanced standing: _____ 2 Year Traditional: _____ Part-Time: _____ Concentration: _____

Student's Signature

Date

Advisor's Signature

Date

Chair, Department of Social Work Signature

Date

Dean, College of Liberal Arts and Social Sciences

Date