

Student Name: _____ Student ID #: _____

Effective Date: _____ GPA: _____

Courses Completed: Foundation Year

1st year	Course #	Semester / Year Completed	Units	Projected Semester / Year of Enrollment
SOWK	503		3	
SOWK	534		3	
SOWK	543		3	
SOWK	586a		3	
SOWK	587a		2	
SOWK	505		3	
SOWK	535		3	
SOWK	545		3	
SOWK	562		3	
SOWK	586b		3	
SOWK	587b		2	

**Concentration:

COPA0 F&C Health SWWPS Mental Health

Please check the following core classes completed to date. Total Minimum Required units 63 (may require more units).

Family & Children	<input type="checkbox"/> 601 (3)	<input type="checkbox"/> 602 (3)	<input type="checkbox"/> 603 (3)	<input type="checkbox"/> 686a (4)	<input type="checkbox"/> 686b (4)	<input type="checkbox"/> 611 (3)
Mental Health	<input type="checkbox"/> 605 (3)	<input type="checkbox"/> 625 (3)	<input type="checkbox"/> 645 (3)	<input type="checkbox"/> 686a (4)	<input type="checkbox"/> 686b (4)	<input type="checkbox"/> 611 (3)
Health	<input type="checkbox"/> 631 (3)	<input type="checkbox"/> 632 (3)	<input type="checkbox"/> 636 (3)	<input type="checkbox"/> 686a (4)	<input type="checkbox"/> 686b (4)	<input type="checkbox"/> 611 (3)
SWWPS	<input type="checkbox"/> 671 (3)	<input type="checkbox"/> 672 (3)	<input type="checkbox"/> 673 (3)	<input type="checkbox"/> 686a (4)	<input type="checkbox"/> 686b (4)	<input type="checkbox"/> 611 (3)
COPA	<input type="checkbox"/> 629 (3)	<input type="checkbox"/> 639 (3)	<input type="checkbox"/> 648 (3)	<input type="checkbox"/> 686a (4)	<input type="checkbox"/> 686b (4)	<input type="checkbox"/> 611 (3)

Electives

<input type="checkbox"/> 612 (3)	<input type="checkbox"/> 613 (3)	<input type="checkbox"/> 614 (3)	<input type="checkbox"/> 615 (3)	<input type="checkbox"/> 616 (3)	<input type="checkbox"/> 617 (3)	<input type="checkbox"/> 618 (3)
<input type="checkbox"/> 619 (3)	<input type="checkbox"/> 651 (1)	<input type="checkbox"/> 652 (1)	<input type="checkbox"/> 653 (1)	<input type="checkbox"/> 654 (1)	<input type="checkbox"/> 660 (3)	<input type="checkbox"/> 661 (3)
<input type="checkbox"/> 662 (3)	<input type="checkbox"/> 695 (2)	<input type="checkbox"/> 697 (1)	<input type="checkbox"/> 599	<input type="checkbox"/> 599	<input type="checkbox"/> 599	<input type="checkbox"/> 599
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Sub-concentration: _____ Dual Degree: _____

Sub Concentration / Certificate Program

<i>School of Social Work</i>	<input type="checkbox"/> 614 (3)	
<i>Severity Persistent Mentally Ill</i>	<input type="checkbox"/> 618 (3)	<input type="checkbox"/> 654 (1)
<i>Public Child Welfare</i>	<input type="checkbox"/> 619 (3)	
<i>Older Adults</i>	<input type="checkbox"/> 616 (3)	<input type="checkbox"/> 653 (1)
<i>Case Management</i>	<input type="checkbox"/> 660 (3)	<input type="checkbox"/> 661 (3) <input type="checkbox"/> 662 (3)

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Tuition Projection

Year	Fall	Spring

