USC Social Work

Program Change

☐ On Ground Program ☐ VAC Program ☐ FT Student ☐ PT 3 Year Student ☐ PT 4 Year Student

Name: _____ **ID#:** _____

Address: _____
Number Street City State Zip Code

Phone: _____ **eMail** _____
Home Cell

☐ Foundation Year ☐ Dual Degree *(Specify)* _____ ☐ Sub-Concentration: _____

Concentration: ☐ *COPA* ☐ *Families & Children* ☐ *Health* ☐ *Mental Health* ☐ Work & Life

Received: ☐ *Federal Work Study (FWS)* ☐ *CALSWEC* ☐ *IUC* ☐ *Stipend* ☐ *Other Financial Awards*

1. Proposed Change

A. Program Revision

Current Status: Change to:

☐ 2 year program	☐ 3 year program
☐ 3 year program	☐ 4 year program
☐ 4 year program	☐ Special program

B. Site Change

Current: _____ Change to: _____

Reason for Change

☐ Financial ☐ Health ☐ Family Responsibilities/Crisis ☐ Pregnancy ☐ Relocation

☐ Other: _____

2. Disposition

A. ☐ For Program Revision, *complete the reverse side, with the student using Oasis.*

B. ☐ Refer student for financial aid review.

C. ☐ Educational Plan (see below)

D. ☐ Semester Effective: **Semester:** _____ **Year:** _____

Comments: _____

_____
Student Signature ***Date***

_____
Advisor ***Date***

_____ *(circle one)* *Approved* *Not Approved*
Director for Student Affairs ***Date***

_____ *(circle one)* *Approved* *Not Approved*
Assistant Dean of Field Education ***Date***

_____ *(circle one)* *Approved* *Not Approved*
Vice Dean of Academic & Student Affairs ***Date***

Copies To:

Student File	Advisor
Asst. Dean of Field Education	Associate Dean of Administration
Assistant Dean, O.C. (O.C. Students)	Skirball Director (Skirball Only)
Director of Admissions & Financial Aid	Student Services Advisor
Director of Financial Aid	Payroll Tech. (if, FWS)

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 60 (may require more units).

Family & Children	☐ 601 (3)	☐ 602 (3)	☐ 603 (3)	☐ 686a (4)	☐ 686b (4)	☐ 611 (3)
Mental Health	☐ 605 (3)	☐ 625 (3)	☐ 645 (3)	☐ 686a (4)	☐ 686b (4)	☐ 611 (3)
Health	☐ 631 (3)	☐ 632 (3)	☐ 636 (3)	☐ 686a (4)	☐ 686b (4)	☐ 611 (3)
SWWPS	☐ 671 (3)	☐ 672 (3)	☐ 673 (3)	☐ 686a (4)	☐ 686b (4)	☐ 611 (3)
COPA	☐ 629 (3)	☐ 639 (3)	☐ 648 (3)	☐ 686a (4)	☐ 686b (4)	☐ 611 (3)

Electives

☐ 612 (3)	☐ 613 (3)	☐ 614 (3)	☐ 615 (3)	☐ 616 (3)	☐ 617 (3)	☐ 618 (3)
☐ 619 (3)	☐ 651 (1)	☐ 652 (1)	☐ 653 (1)	☐ 654 (1)	☐ 660 (3)	☐ 661 (3)
☐ 662 (3)	☐ 695 (2)	☐ 697 (1)	☐ 599	☐ 599	☐ 599	☐ 599
☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____

Sub-concentration: _____ Dual Degree: _____

Sub Concentration / Certificate Program

School of Social Work	☐ 614 (3)		
Severity Persistent Mentally Ill	☐ 618 (3)	☐ 654 (1)	
Public Child Welfare	☐ 619 (3)		
Older Adults	☐ 616 (3)	☐ 653 (1)	
Case Management	☐ 660 (3)	☐ 661 (3)	☐ 662 (3)

For Business Office Use Only

Tuition Projection

Year	Fall	Spring