



**Application for Admission to Candidacy for a Master's of Social Work Degree**

University of WI Oshkosh

1. Name:  
Street:  
City, ST, Zip:  
2. Student ID#:  
3. Degree Sought: **MSW**  
4. Academic Plan: **ADMINISTRATION MANAGEMENT**  
(Advanced curriculum)

5. If admitted with deficiencies describe how they have been met:  
  
6. Transfer credits: \_\_\_\_\_ Yes \_\_\_\_\_ No Number: \_\_\_\_\_  
Transfer Institutions:  
7. Office use: Official transcript(s) received: \_\_\_\_\_

Official Use Only: Degree Begin Date: \_\_\_\_\_ / \_\_\_\_\_

NOTE: List letter grade in GR column  
Check box in R column for required degree courses  
Check box in T column if transfer credit from another institution

8. Plan of Study

	Term	Subject Area & No.	Course Title	CR	GR	R	T	Office Use Only
1		Soc Work 720	Practice Competence in a Diverse Community	3.00				
2		Soc Work 722	Soc Work Mngmnt and Supervsion in Social Srvc	3.00				
3				3.00				ADV. HBSE
4		Soc Work 728	Advanced Social Welfare Policy Analysis	3.00				
5		Soc Work 729	Field 3 + Integrative Seminar	4.00				
6		Soc Work 731	Advance Research Application in Soc Wrk Practice	3.00				
7		Soc Work 732	Field Research Project	1.00				
8		Soc Work 733	Field 4 + Integrative Seminar	4.00				
9		MPA 752	Public and Nonprofit Budgeting	3.00				
10				3.00				ELECTIVE
11								
12								
13								
14								
15								

**TOTAL CREDITS:** 30.00

Office Use Only: Degree Completion Date: \_\_\_\_\_ / \_\_\_\_\_

9. Culminating Experience Requirement: **FIELD RESEARCH PROJECT**

10. Plan Approval:

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Faculty Advisor Signature Date

\_\_\_\_\_  
Program Coordinator Signature Date

11 Graduate Studies Approval:

\_\_\_\_\_  
Signature Date

12. Waivers / Submissions / Modifications / Notes: