

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
 SW & Global Business

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

1. Proposed Change

A. Program Revision

Current Status: _____ Change to:

- | | |
|---|--|
| <input type="checkbox"/> 2 year program | <input type="checkbox"/> 3 year program |
| <input type="checkbox"/> 3 year program | <input type="checkbox"/> 4 year program |
| <input type="checkbox"/> 4 year program | <input type="checkbox"/> 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**

Director for Student Affairs **Date**

Associate Dean of Field Education **Date**

Vice Dean of Academic & Student Affairs **Date**

(circle one) *Approved* *Not Approved*
 (circle one) *Approved* *Not Approved*
 (circle one) *Approved* *Not Approved*

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 | <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) |

For Business Office Use Only

Tuition Projection

Year	Fall	Spring