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

Student Name: _____ ID#: _____

Address: _____
Street City State Zip

Phone: _____
Home Cell E-mail

Type of Leave

- Formal leave of absence (per USC Catalog, Graduate School Policies & Requirements: LOA)
 Transfer to another School of Social Work: School Name: _____
 Withdraw from school: _____
 Deferment

Reason for Leave of Absence

- Academic Medical Religious Mission Military Service
 Financial Personal Permanent Disability Family
 Other

Comments: _____

Disposition

- Conditions of return: (Memorandum/contract specifying conditions must be attached, re: IN, IP or conditions/recommendation from Administrative Review Committee). _____
 For Program Revision, complete the reverse side with student using Oasis.
 Anticipated date of return: Semester: _____ Year: _____
 Semester effective: Semester: _____ Year: _____
 Student required to re-apply
 No present plans to return.

Student Signature Date

Advisor Date

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 (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. only) | Skirball Director (Skirball Only) |
| Director of Admissions & Financial Aid | Student Services Advisor |

Student Name: _____

Student ID #: _____

Effective Date: _____

GPA: _____

Courses Completed: Foundation Year

1 st 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:** COPA F&C Health Mental Health SWWPS

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"/> _____						

Sub-concentration _____ **Dual Degree** _____

Sub Concentration / Certificate Program

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