## University at Buffalo School of Social Work

## M.P.H./M.S.W. APPLICATION TO CANDIDACY

Date:		Advisor:			Person #	
Name:						
	Last		First		Middle	
Current Addr	ess:					
		Street				
	City	State		Zip	Phone Numb	ber
Permanent A	ddress:					
		Street				
	City	State		Zip	Phone Numb	ber
Post-Graduat	tion Email Address	:				
Undergradua	ite Major (Ex. Psyc	hology / De	gree (Ex BA,	, BS, BSW)	Undergradu	ate School
Date received	d the undergradua	to doaroo				
	a tine amaci gi adda	ie degree _				
					Social Work?	Yes
Final transcri	pts for all schools o	attended ha	ıve been sent	to the School of :		
Final transcri Month/year		attended ha	ive been sent	to the School of s		
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<u>Advanc</u>	ed Standing			
Course	Term/ Year	Final	Credit	Course Title
Number	Completed	Grade	Hours	
SW 540			3	Advanced Standing Seminar
SW 541			3	Advanced Standing Research
Combin	ned Public Health/S	ocial Wo	ork Curri	<u>culum – Social Work</u>
Course	Term/ Year	Final	Credit	Course Title
Number	Completed	Grade	Hours	
SW542			3	Trauma and Human Rights
Advance	<u>d Topics</u>			
SW 564			3	Administration and Management
SW 569			3	Community Social Work
Advance	d Interventions			
SW			3	Advanced Interventions
	<u>d Year Field</u>			
SW 552			4	Field III
SW 553	<del></del>		3	Field IV
Social W	ork Elective			
SW			3	Elective
				Total hours completed of Required Courses
<u>Combin</u>	ned Public Health/So	ocial Wo	rk Curric	ulum – Public Health (3 credits SW; 6 credits Public Health)
Course Number	Term/ Year Completed	Final Grade	Credit Hours	Course Title
Total Ho	urs:		9	
Other R	<u>equirements</u>			
<u>1.</u>	Attach additional she	et explain	ing appro	oved exceptions to School of Social Work Policy.
	_			all graduate courses taken must be for a letter grade and will not be taken as S/U unless previously approved by the Associate Dean for
<u>3.</u>	Applied for graduatio	n in the S	tudent H	UB Center <i>Yes No</i>

I have rev	iewed this information and attached a trar	nscript:
Applicant	:	Date:
то ве со	MPLETED BY THE FACULY ADVISOR:	
•	I have verified the information above an meets the criteria for the following licen	nd reviewed the student's transcript. The above named studense:
	LMSW	LCSW
Faculty Ad	visor:	Date:
*****	************	******************
	oval will be contingent on successful completion ourses, a cumulative QPA of 3.0, and removal o	n of all Spring/Summer 2009 courses, a grade of B- or higher in all of all I, J and L grades.
CERTIFIED	BY:	
Divertor A	ACIM Duo quo m	DATE
Director, N	1SW Program	DATE