

Master of Social Work Advisement Form

Name: _____ 8xx#: _____

Semester and Year: _____ UGA Email Address: _____

Degree Program/Concentration: **MSW/3-Year** **MSW/4-Year**

MSW/ADVS 2-Year

MFT CERT

SUBSTANCE USE

MNML

Prefix and Number	CRN#	Time and Day	Hours Credit
Example: SOWK 7212	44444	9:30a.m. -12:15p.m. T	3.0
Total Hours:		Advisor Signature _____ Date: _____	

Have you received a grade of B- or lower on any core or foundation courses? If so, please list the course, semester and year below. (Must earn a B or higher in SOWK 7114, SOWK 7115, SOWK 7125, and SOWK 7225).

Have you received a grade of C- or lower on any graduate level elective courses? If so, please list the course, semester and year below.
