

BOSTON COLLEGE GRADUATE SCHOOL OF SOCIAL WORK

STUDENT REQUEST FOR PROGRAM MODIFICATION

Important: Please complete Sections I-IV and have your Advisor complete Section V before submitting to the Academic Standards Review Committee (ASRC). Note that Section IV **must** be completed (including all previous, current and planned courses) regardless of type of request. Incomplete forms will be returned to the student for the addition of missing data before consideration by the Committee. The committee meets every 2 weeks during the academic year and will review your request at the next scheduled meeting.

Return completed form to the Dean's Administrative Assistant in McGuinn 129.

I. **Name:** _____ **Date:** _____

Address: _____

Phone: _____ **Eagle ID:** _____
Day
Evening
Cell

BC Email: _____

Current Status: All students (check one)

First Year Full-time

Three-Year Program:

First Year

Second Year

Four-Year Program:

First Year Second Year Third Year

Final Year

Intervention Method: All students (check one)

Clinical

Macro

Concentration: Final Year students only (check one)

Children, Youth, and Families

Global

Health

Mental Health

Older Adults and Families

Individualized

II. Requested Change (Advisor signature required. See Section V.)

a. Intervention method: (Change not allowed after SW921 Field Education I is completed.)

Clinical to Macro

Macro to Clinical

b. Extend time to complete degree: (complete Section III)

2 to 3 years

2 to 4 years

3 to 4 years

c. Extension of an Incomplete beyond 30 Days: (complete Section III)

Course name and number: _____

Faculty name: _____

Extension request: _____

Completion date: _____

Faculty signature(required): _____

d. Field placement: (Note: Early start/Extended completion are dependent on agency availability, are considered only for extraordinary circumstances and are typically only approved for Field Ed III and IV.)

Early start (begin _____ / end _____)

Extend completion (begin _____ / end _____)

Other: _____

e. Other issues:

III. Explanation: (Briefly describe request to extend time to complete degree, extension of an Incomplete or change in usual start/end dates of field placement.)

Date

Student's Signature

IV. Proposed Program of Study for Degree Completion

Please list all courses — including previous, current and planned courses — using both **course #** and **course name**. The offering of specific electives cannot be guaranteed in any given semester.

No action will be taken if this section is incomplete.

	FALL		SPRING		SUMMER	
Year I* 20__ - 20__	1.	SW	1.	SW	1.	SW
	2.	SW	2.	SW	2.	SW
	3.	SW	3.	SW	3.	SW
	4.	SW	4.	SW	4.	SW
	5.	SW	5.	SW		
Year II* 20__ - 20__	1.	SW	1.	SW	1.	SW
	2.	SW	2.	SW	2.	SW
	3.	SW	3.	SW	3.	SW
	4.	SW	4.	SW	4.	SW
	5.	SW	5.	SW		
Year III* 20__ - 20__	1.	SW	1.	SW	1.	SW
	2.	SW	2.	SW	2.	SW
	3.	SW	3.	SW	3.	SW
	4.	SW	4.	SW	4.	SW
	5.	SW	5.	SW		
Year IV* 20__ - 20__	1.	SW	1.	SW	1.	SW
	2.	SW	2.	SW	2.	SW
	3.	SW	3.	SW	3.	SW
	4.	SW	4.	SW	4.	SW
	5.	SW	5.	SW		

*For example, 2009-2010 academic year.

V. Advisor's comments regarding this request: _____

Recommended _____

Not Recommended _____

Advisor (Please Print)

Advisor's Signature

Date

VI. Academic Standards Review Committee comments:

Action Taken

Recommended _____

ASRC Chair's Signature

Date

Not Recommended _____

No Action taken _____

Approved _____

Dean's Signature

Date

Not Approved _____

No Action taken _____