

**Northern Michigan University**  
**Master of Social Work – Advanced Standing**  
**Plan of Study (2024-2025)**

Name: \_\_\_\_\_ NMUIN: \_\_\_\_\_  
 Email: \_\_\_\_\_ Catalog: \_\_\_\_\_  
 Current Date: \_\_\_\_\_

Course I.D.	Course Title	Semester	Credits	Substitutions
<b>Foundation Courses (10)</b>				
SW 519	Advanced Standing Clinical Methods (3)			
SW 529	Advanced Standing Indirect Practice Methods (3)			
SW 549	Advanced Standing Research Methods (2)			
SW 569	Advanced Standing Human Rights (2)			
<b>Concentration (12) – Choose One</b>				
<i><b>Clinical Concentration</b></i>				
SW 611	Adv Clinical Methods with Individuals (3)			
SW 612	Adv Clinical Methods with Families/Groups (3)			
SW 613	Psychopathology (3)			
SW 641	Clinical Evaluation Methods (3)			
<i><b>Advanced Generalist Concentration</b></i>				
SW 612	Adv Clinical Methods with Families/Groups (3)			
SW 614	Clinical Assess/Intervention with Individuals (3)			
SW 621	Policy & Program Planning (3)			
SW 622	Community Organizing (3)			
<b>Field Placement Courses (8)</b>				
SW 681	Concentration Field Placement I (4)			
SW 682	Concentration Field Placement II (4)			
<b>Electives (6)</b> <i>*See list of options in the graduate bulletin linked here (<a href="http://nmu.edu/graduatebulletin">nmu.edu/graduatebulletin</a>)</i>				
	<b>Total Credits (36)</b>			

I recommend that this program of study be approved. ( )  
 Submit to [graduate@nmu.edu](mailto:graduate@nmu.edu) for electronic signatures. Any changes should be submitted on a new plan of study form.

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Graduate Program Director \_\_\_\_\_ Date \_\_\_\_\_ Student \_\_\_\_\_ Date \_\_\_\_\_

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Dean of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_