

HOWARD UNIVERSITY
SCHOOL OF SOCIAL WORK

PROSPECTIVE GRADUATE APPLICATION
REVIEW OF GRADUATION REQUIREMENTS

September 8, 2009

DECEMBER 2009
and
MAY 2010

PROSPECTIVE GRADUATES

REVIEW OF GRADUATION REQUIREMENTS

Please arrange an appointment with your advisor to audit your academic record in regards to graduation requirements for **December 2009** or **May 2010**. You should *bring a copy of your academic record* with you to the appointment. Your academic record can be accessed via the Web, www.howard.edu (Bison Web).

Please have the attached form signed by your advisor and return to **Mrs. Sellers' office (room 214)** by date indicated on respective form.

Thank you for your cooperation in this matter.

APPLICATION DEADLINE:

June 11, 2009 for Summer (August) 2009 Graduates
October 8, 2009 for December 2009 Graduates
October 8, 2009 for May 2010 Graduation

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MAY 2010

(PLEASE PRINT YOUR NAME THE WAY YOU WISH IT TO APPEAR ON DIPLOMA)

NAME: _____
(First Name) (Middle Name) (Last Name)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

ID# _____ EMAIL _____

PHONE #: DAY _____ EVENING _____

Please (check) the degree you expect to receive: M.S.W. PH.D.

MSW & PH.D. APPLICANTS

UNDERGRAD DEGREE: (check one)
AB BA BSW OTHER _____ : YEAR _____

UNIVERSITY OR COLLEGE DEGREE RECEIVED FROM:

PH.D. APPLICANTS (ONLY)

GRADUATE DEGREE: (CHECK)
MA MSW OTHER _____ : YEAR _____

UNIVERSITY OR COLLEGE DEGREE RECEIVED FROM:

DISSERTATION TITLE: _____

SIGNATURE: _____ DATE: _____

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MAY 2010 GRADUATES - ONLY

Prospective Graduate's Name: _____ I.D.# _____

Academic record has been reviewed, with the following findings:

- Number of hours completed..... _____
(thru SPRING 2009 or SUMMER 2009)
- Number of hours enrolled in..... _____
(FALL 2009)
- Total hours will have completed..... _____
(by end of FALL 2009) Regular 60 Hour Program
- Received Advanced Standing (45 hrs.)..... _____
- Number of hours of "Incomplete" grades..... _____
(as of SPRING 2009 or SUMMER 2009)
- Number of hours of "C" grades..... _____
(as of SPRING 2009 or SUMMER 2009)
- Cumulative Grade Point Average..... _____
(as of SPRING 2009 or SUMMER 2009)
- Expository Writing Requirement Satisfied. _____/_____
(Submit a copy of Certificate of Compliance with this form) Semester/Year
- Expository Writing Requirement Not Satisfied
(Please attach a statement to indicate your plans to satisfy the requirements)
- Currently enrolled in course, Academic Communications I _____/_____
Semester/Year
- Expository Writing Requirement Not Applicable..... _____/_____
Entered Program before Fall 2001 Semester/Year

REVIEWED BY: Advisor's Signature _____ Date _____

Student's Signature _____ Date _____

Please return this form, with graduation application, to **MRS. SELLERS** by:

cc: Advisor, Student File

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