UCLA Department of Social Welfare

Outside Course Approval Form

Students in the MSW program are required to take one course outside the Social Welfare Department. To document the completion of the requirement, this form should be: 1) completed by the student; 2) approved by the student’s academic advisor; and 3) submitted to the Graduate Advisor, 3357F PPB, two weeks prior to the start of the quarter for inclusion in the student’s file.

Criteria for selecting the outside course include:
1. Course must be a graduate level course
2. Course must be at least three (3) units.
3. Course must be taken for a letter grade (A, B, C or F).
4. Course must have assignments.
5. Course must reflect the student’s program of study or area of interest.
6. Course must be taught by non-Social Welfare faculty.
7. Course must not be multiple listed as a Social Welfare course
8. Course must be approved by the faculty advisor and Department Chair.

STUDENT NAME:_________________________________   EMAIL:___________________________

CONCENTRATION:________________________   SPECIALIZATION:______________

COURSE NUMBER: (ex: Anthro 234) ________________

COURSE NAME: ____________________________________________________________________

# of Units: _____ COURSE INSTRUCTOR:________________________________________________

TERM COURSE IS TO BE TAKEN (check one): ☐ Summer ☐ Fall ☐ Winter ☐ Spring    YEAR:_____  

BRIEF DESCRIPTION OF COURSE (Refer to General Catalog):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

BRIEF DESCRIPTION OF HOW COURSE RELATES TO STUDENT’S AREA OF INTEREST:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

FACULTY ADVISOR’S NAME: _______________________________________________

_______________________________________  _______________________
FACULTY ADVISOR’S SIGNATURE                      DATE

CHAIR’S SIGNATURE                                                              DATE

You will receive email notification upon final approval