

Joint Master of Social Work

Area of Concentration Declaration

Students choose their area of practice after consultation with their academic advisor.

After your advisor signs this form, please take it to Ms. Angie Durham in 268C Stone Building.

Student Name (please print):

Select and Area of Concentration:

Families and Youth at Risk _____

Health and Mental Health _____

Signature of Student

Signature of Faculty Advisor

Date: _____