

Joint Master of Social Work Program

Area of Practice Declaration

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

After your advisor signs this form, please take it to Ms. Gray in 201 Gibbs Hall.

Student Name (please print): _____

Select an Area of Practice:

Families and Youth at Risk

Health and Mental Health

Signature of Student: _____

Signature of Faculty Advisor: _____

Date: _____