



School of Social Work

**Proposal for one person course section\***

**Note, only full-time faculty are eligible to teach single-person course sections**

**Date:**

**I. STUDENT INFORMATION:**

Name:	Phone:
Address:	City/State/Zip:
WIN #:	Anticipated Graduation Date (mo/yr.):

Please check all that apply:

- Undergraduate       Graduate Program:  
 Advanced Standing:  Year One    Year Two (PT AS only)  
 Full Time:  Year One    Year Two  
 Extended Study:  Year One    Year Two    Year Three

Program Site:

- Grand Rapids     Kalamazoo     Southwest

**Rationale for requesting course and reason this course is not being taken as part of the regular program:**

**II. FACULTY SECTION OF PROPOSAL:**

Course:	Semester:
Year:	Credit Hours:

Sponsoring Faculty:	<ol style="list-style-type: none"> <li>1. How often will you meet with student?:</li> <li>2. Format for meeting (e.g., in-person, telephone, synchronous on-line, asynchronous on-line):</li> <li>3. Length of each meeting:</li> </ol>
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Student (signature):	Date:	Comments:
Social Work Faculty Sponsor:	Date:	Comments:
SSW Curriculum Committee Chair:	Date:	Comments:
SSW Director:	Date:	Comments: