

SPRING, 2007

**SCHOOL OF SOCIAL WORK
UNIVERSITY OF NEBRASKA AT OMAHA**

TO: Social Work Faculty and Students

FROM: Theresa Barron-McKeagney, Director - School of Social Work

**SUBJECT: CLOSED COURSES ENROLLMENT FOR SPRING, 2007
WITH SCHOOL PERMISSION ONLY**

ADVISORS AND STUDENTS PLEASE NOTE:

DEADLINE IS NOVEMBER 3, 2006

SPECIAL NOTE: Do not request courses without prerequisite. Do not request several courses hoping to get one or two. Do not enroll without permission of the School of Social Work. If you attempt to enroll early through BRUNO you will be administratively removed from the course and your request will only be reviewed after all other requests have been reviewed. Conditions for selection are:

1. Applications must be completed accurately with the advisor's signature.
2.
 - A. Approved Automated Plan of Study for Spring, 2007 in file, with the requested course indicated as part of the program.
 - B. Students admitted into the Advanced Standing Program in Fall, 2006, may be considered for Spring 2007 courses without an approved Automated Plan of Study form if there is a completed advisement sheet for Spring, 2007 in the student's file, clearly showing the course(s) applied for, listed as part of the concentration chosen.
3. Other conditions being equal, priority will be determined on a first come, first served basis (based on the date the completed form is received in the School office).
4. If you are selected you will receive permission to enroll via Lotus Notes. Once approved, you are expected to enroll.

ONCE NOTIFIED, YOU MUST REGISTER FOR CLOSED COURSES ON BRUNO.

Date: _____

SPRING, 2007

SS#: _____

I. Please complete the following information:

Name _____

Current mailing address: _____

Street, Apartment Number / Post Office Box Number

City

State

Zip Code

Day telephone number where you can be reached: Home ()

Work ()

II. Your Area of Concentration: _____

III. Have you completed SOWK 8220 Clinical SW with Individuals?

Yes _____

If yes, when? _____

No _____

If no, when do you expect to complete it? _____

Indicate your projected graduation date:

Aug 2007 _____

Dec 2007 _____

May 2008 _____

Other _____

IV. Please check the course(s) you are requesting:

_____ SOWK 8230-001 Clinical SW with Groups (Requires Lab) Instructor: Kopplin. Tuesdays. 12:00-1:50PM

_____ SOWK 8240-001 SW Practice with Children Instructor: Rolf. Mondays. 9:00-11:45AM

_____ SOWK 8250-001 Family Analysis & Treatment Instructor: Randall Tuesdays. 9:00-11:45AM

_____ SOWK 8270-001 Analysis & Treatment of Sexual Prob Instructor: Woody. Tuesdays. 1:00-03:50PM

_____ SOWK 8290-001 Clinical Seminar in Mental Health Instructor: Staff. Tuesdays. 8:30-11:15AM
(PRE-REQ SOWK 8650)

V. ADVISORS: The following criteria help to determine the student's priority status for closed courses:

a. The student has met the prerequisite for course(s) requested _____Y _____N

b. A completed advisement sheet showing the course(s) applied for is in the student's file: _____Y _____N

c. An approved Automated Plan of Study form or an approved change of study form showing course(s) requested is in student file. _____Y _____N

ADVISOR _____
Requires Signature

Date