# APPENDIX D

## Department Forms for Student Use

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SCHOOL OF SOCIAL WORK
CONTRACT FOR INDIVIDUAL STUDY

This contract is your agreement with the instructor; it does not register you for the class. You must also add on MyUI Registration before the semester begins, or process a Change of Registration form, if registering after the 1st day of classes.

Iowa City BA students register for: SSW: 3191:0IND
Off-Campus/DCE BA students register for: SSW:3187:0IND
Iowa City MSW students register for: SSW: 7271:0IND
Off-Campus/DCE MSW students register for: SSW:7268:0IND

If the instructor name does not appear in the drop down menu when you register: contact Kate Kemp kate-kemp@uiowa.edu 308 North Hall for help. Check Course Deadlines for additional requirements. Contact Tomeka Petersen: tomeka-petersen@uiowa.edu 308 North Hall for assistance.

Student Eligibility: Only students in good standing may enroll for independent study.
Faculty Eligibility: Faculty (tenure-track, clinical-track, or visiting) at the rank of assistant professor or higher and faculty at the rank of lecturer may supervise independent study courses.

Student Information:

Center: [ ] IC [ ] DM [ ] QC [ ] SC [ ] On-line
(Fill out completely)

Student Name-Please Print
UI-ID# Advisor Name-Please Print

Phone numbers where I may be reached – list home, work, cell, etc…

@uiowa.edu Semester

UI-Email address

I am requesting permission to register for: __________: __________: __________: __________: __________: __________:

Dept.-# Course# Instructor Name Semester Hrs.* Session and Year of Course

*A semester long Individual Study project may range from 1 to 3 semester hours. 9-semester hours total is the maximum allowed by CLAS toward a BA degree.

I am requesting that this Individual Study be: [ ]Letter Graded [ ]S/U, P/N, (non-letter graded)

Attach Additional Details or print clearly on reverse side:

Outline of Activities: [note: this will be negotiated by the student and the instructor, but should be completed before the course begins]

My Title for Individual Study is as follows:

Rationale for Individual Study:

Description of Plan (or activity) and products:

Signature of Student Date

I have agreed to direct the Individual Study described above.

Signature of Instructor Date

Signature of Advisor Date

AFTER all signatures obtained, turn in to the Programs Coordinator in 308 NH for scanning and departmental processing:

original: [ ]Programs Coordinator for Student file e-cc: [ ]MAUI Advisor notes [ ]Instructor

Tomeka Petersen

D-1
SCHOOL OF SOCIAL WORK
CHANGE OF ADVISOR REQUEST

Student Information:  □BA Student  □Grad Student  Center:  □IC □DM □QC □SC □On-line
(Fill out completely)

Student Name-Please Print ________________________________  ID # ________________________________

Phone numbers where I may be reached – list home, work, cell, etc…

@uiowa.edu  Semester ________________________________

Students may request a change in advisor if they have identified a faculty member who has agreed to serve as their advisor. Students requesting a change in advisor but who have not identified an advisor who will agree to advise them, (or when a change in advisor needs to be made because the present advisor will not be available), the student should obtain a list of advisors who are available (by areas of interest and by numbers of advisees currently being served) from the Program Administrator. The student may select one advisor from this list. The student fills out and signs this Change of Advisor Request form, which is signed by the new advisor and the Program Administrator, then submitted to the Programs Coordinator for copies, database updates, MAUI updates, and file. The Graduate Program Director serves as “back-up” to Graduate Advisors absent for one semester or less.

I wish to change my advisor:

From: ________________________________  To: ________________________________
Previous Advisor  New Advisor

Signature: Student  Date ________________________________
□Approved  □Denied

Signature: New Advisor  Date ________________________________
□Approved  □Denied

Signature: Program Administrator  Date ________________________________
□Approved  □Denied
□Updated in ITP

AFTER all signatures obtained, turn in to the Programs Coordinator in 308 NH for scanning and departmental processing:
original:  □Programs Coordinator/Student file:  □db.  □MAUI POS Advisor  □MAUI Advisor Notes

Tomeka Petersen  8/1/2017

D-2
SCHOOL OF SOCIAL WORK
CONTRACT FOR REQUESTING A GRADE OF INCOMPLETE

Student Information: □BA □MSW □PhD Center: □IC □DM □QC □SC □On-line
(Fill out completely)

Student Name-Please Print _______________________________ UI-ID# ____________________ Advisor name-Please Print _______________________________

Phone numbers where I may be reached – list home, work, cell, etc…

Email addresses
SSW: ______/_______ __________/________ __________________________________________________________
Dept. Course: Section Semester and Year Course Title

Incomplete grades will be submitted only when there is a written contract completed by the student and instructor together, specifying the following:

1. The student’s circumstances that meet the criteria for an incomplete:

2. The specific work left outstanding that the student needs to complete:

3. The date by which the student must complete the work:

4. The following consequences will be initiated if the student does not complete the work by the agreed upon date: F grade, dropped from a subsequent course because the incomplete course is a prerequisite, and/or initiate the advancement policy. See policies and procedures on other side of this page.

*Student: initial that you have read and understand statement #4 above: ________

Instructor Signature ___________________________ Date __________________________

Student Signature* ___________________________ Date __________________________

*Student’s signature is not required for this contract to be binding.

Turn in to the Programs Coordinator in 308 NH for copies and departmental processing:

original: □Programs Coordinator/Student file cc: □MAUI Advisor notes

Tomeka Petersen

(OVER)
Incomplete grades will be submitted only when there is a contract signed by student and instructor specifying the following:

1. The student's circumstances that meet the criteria for an incomplete grade:
   
   **Undergrad Students**: Instructors may report a mark of I (incomplete) only if the unfinished part of the student's work, in a course other than research, thesis, or independent study, is small; the work is unfinished for reasons acceptable to the instructor; and the student's standing in the course is satisfactory.

   **Graduate Students**: The grade of I is to be used only when a student's work during a session cannot be completed because of illness, accident, or other circumstances beyond the student’s control.

2. The specific work left outstanding that the student needs to complete
   
   A course may not be repeated to remove a grade of Incomplete; the grade must be removed by completing the unfinished part of the work.

3. The date by which the student must complete the work
   
   Students who receive the mark of I must remove that mark within the first session of registration after the session for which it is given; otherwise the grade becomes F. For a spring semester course, the deadline would be the second week of the fall semester. The specific deadline for the submission of student work to the faculty will be determined by the instructor, taking into consideration reasonable time for the grading and the grade submission process. The change of grade must be submitted to the Social Work office by the faculty at least 1 week prior to the registrar’s final grade deadline for the semester.

   If the course is a prerequisite for a course the following semester, the deadline for completion of the work for the class will be no later than the second week of the following semester. If the student has not completed the work to remove the incomplete by that date, the student will be required to drop the second course and take it when the course is offered again after the incomplete grade has been removed.

4. The consequences if the student does not complete the work by the agreed upon date
   
   The instructor and student will complete a contract prior to submitting an incomplete grade. The completed original form will be turned into the programs coordinator in 308 NH. The original form will be put in the student's file, copy filed in MAUI advisor notes, copy to program administrator.

*Undergraduate students may also refer to UI policies. See “Grading” / “Incomplete Grades.” [http://clas.uiowa.edu/students/handbook](http://clas.uiowa.edu/students/handbook) tp8/1/2017

D-3 cont.
SCHOOL OF SOCIAL WORK
REQUEST FOR CHANGE OF MSW CONCENTRATION

Student Information:
(Fill out completely)

Center: □ IC □ DM □ QC □ SC □ On-line

Student Name-Please Print ___________________________

UI-ID# ____________________________ Advisor Name-Please Print ___________________________

Phone numbers where I may be reached – list home, work, cell, etc… ____________________________

Email address @uiowa.edu Semester ____________________________

Selection of a concentration has considerable significance to the student’s planning of graduate study toward the MSW. Advisors and other faculty are available to help the student relate future career goals to the content in different concentrations. Chairpersons of each concentration will welcome the opportunity to talk with students about their interests and ways in which the concentration courses can be used in planning the graduate program.

The School policy is: “Concentration must be declared by the middle of the first semester, and changes in concentration must be discussed and approved by the advisor and director of the graduate program.”

To implement this policy, each concentration chairperson will be scheduling an open meeting at the beginning of each fall semester to discuss the concentration, course work, practicum opportunities, and career opportunities; this will provide opportunity for open interchange between students and faculty.

Students wishing to change concentration, please observe the following: 1) discuss your wish to change concentrations with advisor; 2) complete Request for Change of Concentration form and obtain signatures; 3) advisor will review, approve and notify appropriate Concentration chairpersons.

I wish to change my concentration From: ___________________ To: ___________________
Reason(s) for change: ____________________________________________________________

Signature: Advisor Date ____________________________ □ Approved □ Denied

Signature: Program Director Date ____________________________ □ Approved □ Denied

Signature: Program Administrator Date ____________________________ □ Updated in IPT

AFTER all signatures obtained, turn in to the Programs Coordinator in 308 NH for scanning and departmental processing: original: □ Programs Coordinator/Student file: □ db. □ MAUI Advisor Notes

Tomeka Petersen

D-4
SCHOOL OF SOCIAL WORK
REQUEST FOR MSW CHANGE OF STATUS

Student Information: (Fill out completely)
Center: □ IC □ DM □ QC □ SC

_________ ___________ ___________ ___________
Student Name-Please Print UI-ID# Advisor Name-Please Print

Phone numbers where I may be reached – list home, work, cell, etc…

___________________________
UI-Email address
@uiowa.edu

Semester

Students may be able to change their status to or from full-time, two year, or part-time, three, or four year programs. Changing status requires consideration of: 1) the student's academic plan, 2) the availability of practicum placements, and 3) course availability and class size. This necessitates the approval of the faculty advisor, the practicum administrator at the site where the student intends to complete practicum, and the school’s program administrator.

Students wishing to change status, must:
1) Discuss the decision with the faculty advisor. Students should modify their academic planning sheet accordingly with the advisor and obtain advisor's signature below. (Approval using this form requires no changes to the sequencing of courses. If exception to sequencing is requested, this request must first go to the MSW Program Director for approval). Attach the corrected academic planning sheet to this form.
2) Discuss with the practicum administrator at the student's instructional site whether the new dates of practicum are feasible and obtain that signature below.
3) Submit the form to the Program Administrator, 308 North Hall, who will verify that required courses will be available and that class size permits the change. The Program Administrator will sign off on the form, submit to the Programs Coordinator for copy for the student, entry in the student database, and student's file(s).

CHANGE OF STATUS REQUEST

I am currently in: I am requesting transfer to (check one):
□ 60-s.h. four-year program □ 60-s.h. four-year program
□ 60-s.h. three-year program □ 60-s.h. three-year program
□ 60-s.h. two-year (full time) program □ 60-s.h. two-year (full time) program
□ 48-s.h. three-year program □ 48-s.h. three-year program
□ 48-s.h. two-year (full time) program □ 48-s.h. two-year (full time) program
□ 41-s.h. accelerated program

___________________________
Signature: Advisor Date

___________________________
Signature: Practicum Administrator Date

___________________________
Signature: Program Administrator Date

___________________________
Signature: MSW Program Director (only in the case of waivers to the structured/sequenced program) Date

AFTER all signatures obtained, turn in to the Programs Coordinator in 308 NH for scanning and departmental processing: original: □ Programs Coordinator/Student file: □ db. □ MAUI Advisor Notes

Tomeka Petersen

D-5
SCHOOL OF SOCIAL WORK
MSW SEQUENCE MODIFICATION REQUEST
OR REQUEST TO COMPLETE A REQUIRED COURSE IN ANOTHER CENTER

Student Information:
(Fill out completely)

Student Name-Please Print

UI-ID#

Advisor Name-Please Print

Phone numbers where I may be reached – list home, work, cell, etc…

UI-Email address @uiowa.edu

Semester

Substitutions of coursework or modifications to the structured, sequenced program are not usually made (beyond those described in the Advanced Standing and Waiver Policy and Graduate Transfer Credit Policy Statements). Similarly, students are admitted to a particular center at the time of admission and are expected to complete required courses in that center. However, in rare instances where such a request is necessary, the request should be developed with the faculty advisor and should include this form with a written rationale (below) from the student with the revised academic planning sheet reflecting the modifications attached to this form. This form is signed by the advisor; with proposed planning form attached, forwarded to the Practicum Administrator, if the change involves a change in the session in which the student will now be enrolled in practicum. It is then forwarded to the MSW Program Director, who makes the final decision. The form is routed to the Program Administrator who will verify that required courses will be available and that class size permits the change. The Program Administrator will sign the form and submit to the Programs Coordinator for copy for the student and the student’s file.

If the request involves taking a required course in another center, the instructor, and the concentration chair-if it is an advanced course, must also approve the request.

Modification requested:

Rationale for request:

Signature:  Advisor Date

Signature:  Practicum Administrator Date

Signature:  MSW Program Director Date

Signature:  Program Administrator Date

Signature:  Instructor of Course Requested (out of Admission Center) Date

Signature:  Concentration Chair (if advanced course) Date

AFTER all signatures obtained, turn in to the Programs Coordinator in 308 NH for scanning and departmental processing:

original: □ Programs Coordinator/Student file, □ Planning Form Attached □ MAUI Advisor Notes

Tomeka Petersen

D-6
SCHOOL OF SOCIAL WORK
REQUEST TO TRANSFER TO A DIFFERENT PRACTICUM/CENTER

Student Information (Fill out completely):

Student Name-Please Print ___________________________ UI-ID# ___________________________ Advisor Name-Please Print ___________________________

Phone numbers where I may be reached – list home, work, cell, etc… ___________________________

UI-Email address ___________________________ Semester Transfer will be Effective ___________________________

Currently assigned to: □IC □DM □QC □SC
Seeking transfer to: □IC □DM □QC □SC

Reasons for requesting transfer:

State practicum arrangements, if any:

_______________________________________

Signature: Student Date

Signature: Advisor Date □Approved □Denied

Signature: Distance Education Coordinator Date □Approved □Denied

Signature: Director of Field Education Date □Approved □Denied

Signature: Center Practicum Administrator Date □Approved □Denied

Signature: Program Administrator Date □Updated in IPT

AFTER all signatures obtained, turn in to the Programs Coordinator in 308 NH for scanning and departmental processing:

original: □Programs Coordinator/Student file, □db., □MAUI Advisor Notes.

Tomeka Petersen

D-7