## 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 and during the first week of classes, or process a Change of Registration form, if registering after the first week of classes.

**Iowa City BA** students register for: SSW: 3191:0IND.

**Iowa City MSW** students register for: SSW: 7271:0IND.

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:**

(Fill out completely)

<table>
<thead>
<tr>
<th>Center:</th>
<th>IC</th>
<th>DM</th>
<th>QC</th>
<th>SC</th>
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<tbody>
<tr>
<td>Student Name-Please Print</td>
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</tr>
<tr>
<td>UI-ID#</td>
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<tr>
<td>Advisor Name-Please Print</td>
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</tbody>
</table>

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

@uiowa.edu

UI-Email address

Semester

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  cc: ☐ Student

Tomeka Petersen  tp/8/1/2017

D-1
SCHOOL OF SOCIAL WORK

CHANGE OF ADVISOR REQUEST

Student Information:  □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…
________________________________________________________________________

UI-Email address ______________________________________________________ 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 MSW 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 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 POS Advisor ■MAUI Advisor Notes

Tomeka Petersen  tp8/1/2017

D-2
REQUEST FOR A GRADE OF INCOMPLETE

Student: Check one: [ ] BA  [ ] MSW  [ ] PhD  Check one center: [ ] IC  [ ] DM  [ ] QC  [ ] SC  [ ] On-line

Please carefully read the Incomplete policies and procedures on the other side of this form and print clearly.

_____________________________________________________   ____________________   _____________________
Student Name  UI-ID#  Advisor Name
_____________________________________________________ __________________________________________
Phone numbers  UI-Email address
SSW: ________/_______  _______________________________________________________
Dept. Course: Section  Semester and Year  Course Title
Instructor: Please carefully read the Incomplete policies and procedures on the other side of this form and print clearly.

You may only submit a grade of Incomplete when this contract is signed by the student and submitted to the admissions & program coordinator.

1. The grade of Incomplete 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. How does the student's circumstances meet this criterion?

2. Instructors may report a mark of Incomplete only if the unfinished part of the student's work, in a course other than 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. The specific work left outstanding that the student must complete:

3. Students must complete the work no later than the end of the following session in which they received an Incomplete. Taking into consideration reasonable time for the grading and the grade submission process, the date(s) the work must be turned into the instructor include:

4. If the student does not complete all work by the agreed upon date, the instructor has the option to let the I turn to a F or grade the work the student turned in. The student may also be dropped from a subsequent course, because the Incomplete course is a prerequisite, and/or the advancement policy may be initiated.

*Student: Initial here to indicate you understand item #4 above:________

Instructor Signature Date  Student Signature*
________________________________________________
Program Director Signature Date

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

Turn in to the Admissions & Program Coordinator in 308 NH for copies and departmental processing: (OVER)
original: [ ]Program Coordinator/Student file  cc: [ ] MAUI Advisor notes  [ ] Instructor
Tomeka Petersen

D-3
Policies*

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.

Students may not attend any course in the next semester that has an Incomplete graded course as a prerequisite. If the student does not complete the work by the final date specified in the contract, the student must drop any courses for which the Incomplete graded course was a prerequisite and take it when the course is offered again and after the Incomplete has been removed.

The instructor must change the grade no later than the end of the following session, including summer.

A grade of Incomplete will automatically turn to an F at the end of the next session, excluding summer session, if the instructor does not change the grade. This rule applies even if the student is not registered in the subsequent session.

*Undergraduate students: See other UI policies ("Grading," “Incomplete Grades” at http://clas.uiowa.edu/students/handbook).

Procedures

1. The student will set up an appointment to meet with the instructor.
2. The student and instructor will set interim and final due dates for outstanding work.
3. The instructor will complete the contract and submit it to the admissions & program coordinator, 308 North Hall, Iowa City, prior to submitting the Incomplete grade.
4. The instructor will then submit the Incomplete grade in MAUI.
5. The admissions & program coordinator will put the contract in the student's file, copied to MAUI advisor notes, and copied to the program administrator.
6. The instructor will submit the grade before or when grades are due at the end of the subsequent session.
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… ____________@uiowa.edu
UI-Email address __________________________ 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 tp8/1/2017
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…

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: □ 60-s.h. four-year program □ 60-s.h. three-year program
□ 60-s.h. two-year (full time) program □ 48-s.h. three-year program
□ 48-s.h. two-year (full time) program □ 41-s.h. accelerated program

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

Approved □ Denied
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.
Planning Form updated in L-dr. □ Planning Form attached

Approved □ Denied
Updated in IPT

Approved □ Denied

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…

@uiowa.edu Semester ____________________________

UI-Email address

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

Approved  □  Denied
Planning Form updated in L-dr. □
Planning Form attached □
Approved  □  Denied
Approved  □  Denied
Updated in IPT
Approved  □  Denied
Approved  □  Denied

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

tp8/1/2017

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…

@uiowa.edu

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

[ ] Approved  [ ] Denied

Signature: Advisor Date

[ ] Approved  [ ] Denied

Signature: Director of Field Education Date

[ ] Approved  [ ] Denied

Signature: Center Practicum Administrator Date

[ ] Updated in IPT

Signature: Program Administrator 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

tp8/1/2017
The School of Social Work (SSW) recognizes that students, for a variety of reasons, are unable to complete degree requirements within the time requirements specified in the students’ School of Social Work plan of study. Accordingly, a student may request a leave of absence by writing a letter. Students who do not request a leave of absence must reapply to the MSW program.

The director of the MSW program approves a leave of absence for up to three consecutive semesters (e.g., fall, spring and summer but excluding winter session). The director of the MSW program will only approve a request when there is serious intent to finish degree requirements.

1. Student Letter to the Director of the MSW Program
   The letter must include (a) the proposed semester(s) the student will be on leave and (b) the reason(s) for the leave of absence. The reasons may, but need not, involve the student’s physical or mental health; family, such as caring for a parent or child with a health condition; maternity; finances; and military or religious service.

2. Changes to the Student's SSW Plan of Study
   When a request for a leave is approved, the program administrator will review and approve the student's revised plan of study. The director of the MSW program, may, in consultation with the student's advisor and the program administrator, establish conditions of returning to the program (see Conditions on the Request for Leave of Absence form).

3. Roles and Responsibilities
   The student will (a) sign the Request for a Leave of Absence form and (b) resume work toward degree requirements as stated in the revised plan of study. The director of the MSW program will sign the form. The program administrator will (a) notify the student and the student's advisor of the decision to approve the request (b) update the student's plan of study, (c) file materials related to the request, and (d) facilitate the student’s reentry to the program.

4. Procedures for Readmission
   a. Graduate College. If a student's enrollment is interrupted for any reason so that they are not enrolled for three consecutive academic sessions (including spring, summer, and fall semesters but excluding the winter session) the student must apply for readmission. The readmission application form must be used. The Graduate College will not require new letters of recommendation, a new personal statement, a written explanation of the reasons for the absence, or a plan for degree completion. However, departments and programs may choose to require any or all of the foregoing.

   b. School of Social Work. See the UISSW Admission Policy Statement, sections I.F. and II.G.2. Reapplication Process, to determine whether you need to reapply to the SSW https://clas.uiowa.edu/socialwork/graduate-program/apply
SCHOOL OF SOCIAL WORK
REQUEST FOR LEAVE OF ABSENCE

Date of request: ___________ Date of leave: ___________ Date of return: ___________

Student’s Name: ____________________________ ID#: ____________________________

Address: ____________________________________________
Street City State Zip

Phone: ____________________________ ____________________________ ____________________________
Home Cell E-mail

Reason for Request

☐ Health ☐ Religious Service ☐ Military Service ☐ Financial ☐ Family ☐ Other

Comments: ____________________________________________________________

Conditions: List activities, intermediate deadlines and/or requirements of returning to the program. Include specific due dates.

☐ Withdraw from course(s): ___________ ☐ Contact/meet with the program administrator: ___________
☐ Request Incomplete(s): ___________ ☐ Contact/meet with instructor(s): ___________
☐ Attend practicum orientation: ___________ ☐ Contact/meet with the director of field: ___________
☐ Advancement policy – Describe below: ___________ ☐ Contact/meet with your advisor: ___________
☐ Other – Describe below: ___________

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

I agree to the attached plan of study and revised deadlines:

Student’s Signature ____________________________ Date ___________ Approved Not Approved

Advisor’s Signature ____________________________ Date ___________ Approved Not Approved

Program Administrator’s Signature ____________________________ Date ___________ Approved Not Approved

MSW Director’s Signature ____________________________ Date ___________ Approved Not Approved

☐ Revised plan of study ☐ Student letter ☐ Other documentation: ____________________________________________

cc: student, student file

11/2018

D-8 (cont.)