## APPENDIX D

Department Forms for Student Use

<table>
<thead>
<tr>
<th>Form</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract for Individual Study</td>
<td>F-1</td>
</tr>
<tr>
<td>Change of Advisor Request</td>
<td>F-2</td>
</tr>
<tr>
<td>Request for a Grade of Incomplete</td>
<td>F-3</td>
</tr>
<tr>
<td>Request for Change of Concentration</td>
<td>F-4</td>
</tr>
<tr>
<td>Request for Change of Status</td>
<td>F-5</td>
</tr>
<tr>
<td>Request for Sequence Modification and Out of Center Course Request</td>
<td>F-6</td>
</tr>
<tr>
<td>Request to Change Practicum Center</td>
<td>F-7</td>
</tr>
</tbody>
</table>
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 Susan Dirks: susan-dirks@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.

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**Student Information:**

(Fill out completely)

<table>
<thead>
<tr>
<th>Center:</th>
<th>IC</th>
<th>DM</th>
<th>QC</th>
<th>SC</th>
</tr>
</thead>
</table>

**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**

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I am requesting permission to register for:  

<table>
<thead>
<tr>
<th>Dept.#</th>
<th>Course#</th>
<th>Instructor Name</th>
<th>Semester Hrs.*</th>
<th>Session and Year of Course</th>
</tr>
</thead>
</table>

*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
SCHOOL OF SOCIAL WORK
CHANGE OF ADVISOR REQUEST

Student Information:  
☐ BA Student  ☐ Grad Student  
Center:  ☐ IC  ☐ DM  ☐ QC  ☐ SC  
(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
___________________________________________________________________________

☐ Approved  ☐ Denied

Signature: Student   Date
___________________________________________________________________________

☐ Approved  ☐ Denied

Signature: New Advisor   Date
___________________________________________________________________________

☐ Approved  ☐ Denied

Signature: Program Administrator   Date  ☐ 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

Susan Dirks

sd8/1/2016

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

Student Information: [ ]BA  [ ]MSW  [ ]PhD  Center: [ ]IC  [ ]DM  [ ]QC  [ ]SC
(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

Susan Dirks

(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)
SCHOOL OF SOCIAL WORK
REQUEST FOR CHANGE OF MSW CONCENTRATION

Student Information:
(Fill out completely)

Center: IC □ DM □ QC □ SC

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

________________________________________________@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: ______________________________________________________________________________________________

□ Approved    □ Denied

Signature: Advisor    Date

□ Approved    □ Denied

Signature: Program Director    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

Susan Dirks
Sd7/28/2016
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…

_____________________________________________________   ____________________   _____________________
Student Name-Please Print  UI-ID#   Advisor Name-Please Print

__________________________________________________________
UI-Email address  Semester

@uiowa.edu             ______________________________________

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

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

□ Approved  □ Denied
Updated in ITP

□ 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

Susan Dirks  sd8/1/2016
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
 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
☐ Approved  ☐ Denied
☐ Planning Form updated in L-dr.
☐ Planning Form attached

Signature: Practicum Administrator  Date
☐ Approved  ☐ Denied

Signature: MSW Program Director  Date
☐ Approved  ☐ Denied
☐ Updated in ITP

Signature: Program Administrator  Date
☐ Approved  ☐ Denied

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

Signature: Concentration Chair (if advanced course)  Date
☐ 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

Susan Dirks  sd8/1/2016
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: 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.

Susan Dirks
sd8/1/2016

D-7