

PRAIRIE VIEW A&M UNIVERSITY REGISTRATION & SPECIAL APPROVAL FORM Rev. 3/31/08

Term Data	P		SOWK		Fall	Summer	Spring
	Student ID#		Major		Semester/ Year		
Name (Please print)							
	Last	First	MI	Email Address			

Course Selections (First Choice)					Alternate Selections (Second Choice)				
ACTION	CRN AND COURSE AND NUMBER	SEC. #	HRS	COURSE LEVEL	ACTION	CRN AND COURSE NUMBER	SEC. #	HRS	COURSE LEVEL
<i>Mark One</i> <small>Drop or Register</small>	<i>Example:</i> CRN 10048 MISY 1013	<i>P01</i>	<i>3</i>	<i>UG</i>	<i>Mark One</i> <small>Drop or Register</small>	<i>Example:</i> CRN 10048 MISY 1013	<i>P01</i>	<i>3</i>	<i>UG</i>
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD OR RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
DD or RE	CRN	P		UG	DD or RE				
				Total Hours					

DD = Drop without record RE=Add course

Student Signature _____ Date _____

Advisor Signature _____ Date _____

SPECIAL APPROVAL:

Please list course(s) and check box(es) for the appropriate override/approval:

Course(s)	
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- Pre- and/or Co-Requisite Override Approval (**Pre and/or Co-Requisite Overrides must be approved by the dept. head offering the course**)
- Special Approval: Dept Head
- Course Enrollment Capacity Override
- Time Conflict Override Approval (**Please complete back of this form for time conflict override approval**)
- Maximum Credit Hours Approval (Overload approvals require a minimum grade point average of 3.00 for undergraduate students (21 hrs max for any long semester and 12 hrs max for any combined summer sessions) and permission of the dept. advisor for graduate students. (**Please complete back of this form for maximum credit hours approval**))

Dept. Head Signature _____ Date _____

Dean Signature _____ Date _____

(Dean's signature and processing required for Time Conflict and Maximum Credit Hours Approval)

Note: Per the TAMUS Records and Retention Schedule, departments must retain this document for one year after the close of the registration semester.



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Department of Social Work Education

Social Work Student Advisement Form

Student Name _____ Student ID: P _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____

Emergency Contact: Name _____ Phone _____

Summary of Advisement

Declared Social Work Major: Semester/Year _____ Catalog _____
Term & Year (i.e. Spring 2014) Term & Year (i.e. Fall 2014)

Dr. Alex D. Colvin
(Last name begins with "A – F")

Dr. Jackson de Carvalho
(Last name begins with "G – M")

Dr. Felix O. Chima
(All Social Work students)

Dr. Mikia F. Bright
(Last name begins with "N – T")

Dr. Krystallynne Mikle
(Last name begins with "U – Z")

Advisor Comments _____

Student, _____, understands that no SOWK prefix
(Please print your name)

course may be repeated more than once to achieve a passing grade of "C". **Failure to pass the same course twice results in termination from the program.** A minimum of 2.50 GPA in all SOWK courses is required to qualify for field education and graduation with a BASW degree. ***Each student, upon failure to maintain required academic standard, is responsible for immediate withdrawal from the program and further social work course enrollments.*** (Initial)

I understand, also, that a negative criminal record may present a problem in the areas of Agency Internship Placement (AIP), professional licensure, and employment opportunities. (Initial)

Advisor Signature

Date

Student Signature

Date