



Email completed form to the Nazareth Registration & Records Office:
 registrar@naz.edu

MSW Specialization and Advanced Certificate Request Form

Student Name:	ID:
Email Address:	Cell phone:
36 Credit Hour Program	Enrolled in: 60 Credit Hour Program
Credits earned to date:	

Specializations: program additions that are embedded within your degree program. Options include:

- Evidence Based Practice in Mental Health: SWK*654, SWK*656, SWK*657
- Gerontology: PSY*554, PSY*555, RES*566
- Play Therapy: CAT*684, CAT*694, CAT*695
- School Social Work: EDU*583, EDU*593, SWK*052, CAT*684, SWK*653, SWK*660
- Trauma Informed Care: HHS*574, HHS*651, SWK*653
- Substance Abuse: SWK*515, SWK*615, SWK*625

Advanced Certificates: standalone certificate programs approved by New York State. Options include:

- Early Intervention:, INEC*500 (three 1-credit seminars), plus INEC*501, INEC*502, INEC*504, SWK*563
- I-SPAN Interdisciplinary Specialty Program in Autism: AUT*660, AUT*661, AUT*662

Select below the Specialization or Advanced Certificate program requested

NOTE: Typical term offering cycles for each course are listed in course descriptions (Student Planning). Please add required courses to your Course Plan in the intended term to help departments assess demand.

Specialization	Advanced Certificate
Evidence-Based Practice in Mental Health Gerontology Play Therapy School Social Work Trauma Informed Care Substance Abuse <i>How Specialization shows on transcript:</i> Degree Received: Master of Social Work Date Conferred.: 12/15/2023 Majors.....: Social Work GR Specializations: Evidence-Bsd Pract Mental Hlth	Early Intervention I-SPAN Program in Autism <i>How Advanced Certificate shows on transcript:</i> ----- Degree Received: Professional Date Conferred.: 12/15/2023 Majors.....: Adv Cert-Specialty Prog Autis ----- Degree Received: Master of Social Work Date Conferred.: 12/15/2023 Majors.....: Social Work GR

By signing below (pending advisor approval) I am requesting to add the above noted specialization or advanced certificate. If I choose *not* to complete the program addition selected, I understand I must notify my advisor as well as Registration & Records at registrar@naz.edu, and that not providing this notification may delay program completion.

Student Signature

Date

Advisor Approval

Date