



Directions: BSW/BSSW candidate must complete this form with their social work advisor and submit with application materials.

Student's Full Name:

University:

Table with 4 columns: Semester 1 - Course Name, Hours of Credit, Semester 2 - Course Name, Hours of Credit; Semester 3 - Course Name, Hours of Credit, Semester 4 - Course Name, Hours of Credit.

Has this student been unconditionally admitted into an accredited Social Work program? Yes No
If the proposed Plan of Study is followed, will this student graduate in 3 to 4 semesters? Yes No
What is this student's anticipated semester of graduation? Semester: Year:

Social Work Advisor's Name

Social Work Advisor E-mail Address

Social Work Advisor's Signature

Date

Student's Signature

Date

After completion, send this form along with application materials to:

Department of Children's Services
Tuition Assistance Program
UBS Tower
315 Deaderick Street, 7th Floor
Nashville, TN 37243



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

