

\*\*\* Completed, signed form must be turned in to Henke 230 before the start of registration. \*\*\*

**Myron B. Thompson School of Social Work**  
**M.S.W. ADVISING FORM**

Student Name: \_\_\_\_\_  
(PLEASE PRINT YOUR NAME)

PHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_ How many total credits will you be taking? \_\_\_\_\_  
(include both Mānoa "day school" & Outreach extension)

- Are/Will you be receiving financial aid?  **Yes**  **No**

If yes, please list: \_\_\_\_\_

Can your financial aid be used for both regular Mānoa *and* Outreach College extension classes? **Y N**  
(If you do not know, please contact the UH Mānoa Financial Aid Office and/or your funding agency.)

- Are you employed on campus through the Career Development and Student Employment Office? **Y N**

CRN	SUBJECT	COURSE NO.	SECTION	CREDITS	INSTRUCTOR
	<b>SW</b>				
	<b>SW</b>				
	<b>SW</b>				
	<b>SW</b>				
	<b>SW</b>				
	<b>SW</b>				

Other (non-SW) courses you will register for:

CRN	SUBJECT	COURSE NO.	SECTION	CREDITS	INSTRUCTOR

Anticipated graduation semester/year: \_\_\_\_\_

Concentration (or intended concentration, if still in foundation year): \_\_\_\_\_

***This academic plan was discussed with and approved by:***

\_\_\_\_\_  
**ADVISOR SIGNATURE**

\_\_\_\_\_  
**Date**

**Advisors:** Please return completed advising forms to Henke 230 to avoid delays in student registration.