

**The University of Texas at Austin
School of Social Work
Ph.D. Program**

For Office Use Only

Unique Number:

SW395L: RESEARCH PRACTICUM (formerly 395K)

Please provide the information requested. Attach additional sheets if necessary.

Name of student: _____

EID: _____ Email: _____

Name of faculty member overseeing course: _____

Descriptive title for course: _____

Goal of Course: _____

Year/Semester/Session to be taken: _____

Please check one: Letter-grade basis _____ OR Credit/No Credit basis _____

Learning objectives for course:

By the end of the semester, the student will:

1.

2.

3.

4.

5.

Methods of instruction/Course requirements (equivalent to 45 hours of class time and 135 hours of preparation/study time)

Major Readings:

Research/writing:

Meeting time with faculty member:

Other:

Evaluation criteria (List specific products upon which grade will be based: examinations, papers, media, etc.)

Signature of student

Signature of instructor

This course has the approval of the Ph.D. Committee: _____