University of Washington, Tacoma  
Social Work Program  
Course Summary & Contract Plan

*Deadline: This form is due 30 days prior to the quarter in which the work is to be completed. The Course Summary & Contract Plan form must be returned to the Social Work Program office.*

**Student Name** ___________________  **Faculty Sponsor** ___________________  **Qtr/Yr** ________

**UW Email Address:**

**Course #/Title:** SOCW 599 Readings in Social Work

**Grade:** CR/NC only

**# of Credits** _____ (Variable 1-5, 5cr max)

*Note: Tuition assistance for MSW CWTAP students cover required MSW courses only. Independent study credits may not be eligible for tuition assistance. Please contact the CWTAP Director for more information.*

***************************************************************************************

**Student objectives:**

**Activities designed to accomplish objectives:**

**Criteria to evaluate achievement of objectives:**

----------------------------------------------------------  ----------------------------------------------------------