McGill University
School of Social Work

PhD ADVANCED PRACTICE FORM

COURSE No.: **SWRK 722** **Fall___** **Winter___** **Academic Year: _____**

MSW Course Number & Title: MSW_____

Student's Name: _____

Student No.: _____

Instructor: _____ **Date: _____**

DESCRIPTION OF SUPPLEMENTAL WORK FOR PHD STUDENT IN THE MSW CLASS (ATTACH EXTRA SHEETS AS NEEDED): _____

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METHOD OF EVALUATION:

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Instructor's Signature **Student's Signature**

Approvals:		
PhD Program Director	**AND/OR**	**Supervisor**
_____		_____
Signature		**Signature**