Graduate Social Work Program
Request for Course Exemption

Name:_______________________________________________    Student ID#_____________________________________

Address:______________________________________________________

______________________________________________________
City                                                                         State                                                              Zip

Telephone:____________________________________________________

Exams Taken Date  Pass      Fail   Exams Taken Date  Pass  Fail
______________ ________ _______ _______  ________________ _______ ______ _______  ______________ ________ _______ _______  ________________ _______ ______ _______

I request exemption from course: (attach evidence to be considered – i.e. course descriptions, course outlines)    Approved Not Approved

_____________________________ based on completion of ________________________________

□                                                             □

_____________________________ based on completion of ________________________________

□                                                             □

_____________________________ based on completion of ________________________________

□                                                             □

________________________________________________________________________________________               ___________________

Chair’s Signature                Date