

**UNIVERSITY OF NEVADA, LAS VEGAS
GREENSPUN COLLEGE OF URBAN AFFAIRS
SCHOOL OF SOCIAL WORK**

Master of Social Work Student Change of Status

Name _____ Date _____

- Full-Time to 4 Year Part-Time (Regular Program)
- Full-Time to 3 Year Part-Time (Regular Program)
- Full-Time to 2 Year Part-Time (Advanced Standing Program)
- Part-Time to Full-Time (Regular Program)
- Part-Time to Full-Time (Advanced Standing Program)
- Management and Community Practice to Child Welfare
- Management and Community Practice to Direct Practice
- Child Welfare to Management and Community Practice
- Child Welfare to Direct Practice
- Direct Practice to Management and Community Practice
- Direct Practice to Child Welfare
- From Undeclared to _____

Reason for Change

Student _____
Signature *Date*

Advisor _____
Signature *Date* *Recommendation*

Master of Social Work Coordinator _____
Signature *Date* *Recommendation*

Director _____
Signature *Date* *Recommendation*