

**Change of Status**  
**UNIVERSITY OF NEVADA, LAS VEGAS**  
**SCHOOL OF SOCIAL WORK**  
**MSW PROGRAM**

Name \_\_\_\_\_ Date \_\_\_\_\_

- Full-Time to 4 Year Part-Time
- Full-Time to 3 Year Part-Time
- Part-Time to Full-Time
- Management and Community Practice to Direct Practice
- Direct Practice to Management and Community Practice
- Management and Community to Trauma Informed Practice
- Direct Practice to Trauma Informed Practice
- From Undeclared to \_\_\_\_\_
- Other \_\_\_\_\_

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Reason for Change:

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Student \_\_\_\_\_  
*Signature* *Date*

MSW Coordinator \_\_\_\_\_  
*Signature* *Date* *Recommendation*

Director \_\_\_\_\_  
*Signature* *Date* *Recommendation*