# Change of Status

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

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<thead>
<tr>
<th>Change of Status</th>
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<tbody>
<tr>
<td>Name ___________________________ Date ____________________</td>
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- ☐ 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 ___________________________  

**Reason for Change:**  
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Student____________________________     __________  
Signature Date ____________________

MSW Coordinator_____________________________ ___________ __________________ 
Signature Date Recommendation  

Director______________________________  
Signature Date Recommendation