

**School of Social Work
University of Nevada, Las Vegas
BACHELOR OF SOCIAL WORK**

Petition Form

Name _____ NSHE ID# _____

Last First Middle

Address _____

Phone _____ E-Mail _____

First UNLV enrollment: Sem _____ Yr. _____ Current GPA _____ Total Hrs Cmpltd _____

Sem hrs in Progress _____ Expected date of graduation _____ Information Verified _____

Semester for which you are requesting: Fall ___ Sp ___ 1st Sum ___ 2nd Sum ___ 3rd Sum ___

Request:

Justification:

(Please complete this section if your petition concerns the acceptance of a course. You must attach a copy of the course description)

- | | |
|--------------------------------------|---|
| 1. Grade earned _____ | 2. Name of Institution _____ |
| 3. Semester or Quarter system? _____ | 4. Four-year or two-year institution? _____ |
| 5. Accredited BSW School? _____ | 6. Course description attached? _____ |
- (Petition will be returned if the Course Description is not attached).

I hereby authorize the Registrar's Office to Release my academic records to the appropriate faculty committee.

Student Signature Date

Comment:

SIGNATURE VERIFYING ACTION TAKEN

	Approved	Disapproved	Date
BSW Coordinator	_____	_____	_____
Director	_____	_____	_____