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 ________________________________________

Reason for Change:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Student_____________________________ Signature ——— Date

MSW Coordinator____________________________ Signature ——— Date ——— Recommendation

Director_______________________________ Signature ——— Date ——— Recommendation