# MSW PETITION FORM

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

**NAME**: _____ **ID#**: _____
*Last First Mi*

**ADDRESS**: _____
*Number Street City State Zip*

**PHONE #**: (_____)- _____

**Rebel Mail or Preferred Email Address**: _____

MSW Admit/Year _____
Expected date of graduation _____

**REQUEST & JUSTIFICATION:**

*(Please complete the section below if your petition concerns the acceptance of a transfer course from another institution. If you are petitioning for acceptance of a course from UNLV, you need only attach (#7) Graduate Catalog Course description. Your petition will be returned if the course description is not included).*

1. Grade earned _____
2. Semester or Quarter System _____
3. Accredited BSW/MSW School _____
4. Course Taken _____ _____
   *Qtr/Semester Yr.*
5. Name of institution: _____
6. (4) yr or (2) yr
7. Catalog Course description attached

**Student** _____ **Date** _____

**COMMENT:**

**SIGNATURE VERIFYING / ACTION TAKEN**

| | Approved | Disapproved | Signature | Date |
|---|---|---|---|---|
| **MSW Coordinator** | _____ | _____ | _____ | _____ |
| **Director** | _____ | _____ | _____ | _____ |