

Office Use Only: Processed by: _

Return this form to

UGA School of Social Work Academic Advisor Gwinnett Campus, 2530 Sever Road, Suite 214 Lawrenceville, GA 30043 Phone 678-985-6796 | Fax constance.woodensmith@uga.edu

Request to Exempt/Substitution of Required MSW Course

Date: _

Student Name:		UGA ID Number:				
Email:						
		_				
		quired Cours	se Exemption/Sub			
	Substitution Course:				Toward (Academic Advisor signature requ	
(ex. SOWK7114)	Course Title	Course Units	Course Number	C	Course Title	Cours Units
Rationale for Exemption	n/Substitution:					
		W Required	Course Exempti	on/Substituti	on	
Please waive the follow (Academic signature required)						
Rationale for waiving a	· · · · · · · · · · · · · · · · · · ·		-			
Additional Comments: Signed:			Date:			
	Student Signature					
Signed:			Date:			
	cademic Advisor Signatu (for exemption/substitution only)	ire	<u></u>			
Signed:			Date:			
MSV	V Program Director's Sign (for exemption/substitution only)	nature				
-	ed courses will not be li rement for the MSW de					• • •
Academic Advisor	JRSE EXEMPTION AN before entering the MS as 60 hours are still rea	W Program.	Students will be	required to	replace course h	ours with