

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
REQUEST TO TAKE AN OUTSIDE ELECTIVE

Please complete the following request for approval to take one elective approved for graduate credit outside of the Social Work Department.

Student Name _____ Student Signature _____

Student 800# _____ Full-time ___ Part-time ___

Generalist Level _____ Advanced Level _____

First Elective Taken Outside Department: Yes ___ No ___

1. Course name, number and department

2. Briefly discuss your rationale for requesting the elective and how it fits with your professional goals.

Once completed, the request form should be e-mailed to the MSW Program Director. The MSW Program Director will petition the MSW Committee to approve or deny the request. The MSW Program Director will inform the student of the decision of the Committee within 2 weeks of receiving the request.

To Be Completed by the MSW Program Director

MSW Committee Decision: Approve/Deny _____ Date _____

MSW Program Director Signature _____ Date _____