



MSW Electives Requests
(For electives taken outside the WSU School of Social Work)

Student Name: _____

Have all 700 level MSW level courses been satisfactorily completed: Yes No

Full Course Title of Elective Course: _____

Course Number (i.e. SCWK 730X): _____

Number of Credit Hours: _____

Dates and Times of course offering: _____

Type of Course (regular, on-line, hybrid, continuing education, pass/fail): _____

WSU Graduate Program offering course: _____

Name of Other University offering course (if applicable): _____

Name of Graduate Program at Other University offering course (if applicable): _____

Semester and Year in which you will be taking this course: _____

When will amended Plan of Study be filed with WSU Graduate School? _____

Instructor's Name _____

Have you attached the course syllabus (required)? Yes No

Describe how this course supports the Advanced Generalist Curriculum of the School of Social Work, the Council on Social Work Education educational competencies and how it fits within your own professional social work aspirations.

Approved by:

Social Work Adviser

MSW Program Director