

**STUDENT REQUEST FOR COURSE WAIVER  
MSW PROGRAM**

1. Please complete sections A, B, and C, including signature.
2. Submit form as e-mail attachment to Sara Collie, MSW Program Director [sjcollie@uark.edu](mailto:sjcollie@uark.edu)
3. Petition results will be e-mailed.

**A. Student Information**

Name (Print)	Student ID #
Phone	E-mail

**B. Course(s) for which waiver is requested:**

1.	Course Name/Number	Grade Earned
	College/University	Date
2.	Course Name/Number	Grade Earned
	College/University	Date
3.	Course Name/Number	Grade Earned
	College/University	Date

***C. I understand that if the waiver is approved, I must take an additional graduate elective (of equal course credit) for each course waived, and will inform my advisor when completed.***

Student Signature	Date
MSW Program Director	Date
Request Approved _____	Request Denied _____