SCHOOL OF SOCIAL WORK

MSW NON-SOCIAL-WORK ELECTIVE APPROVAL FORM

This form must be used to document advisor approval of electives offered by any UA division other than Social Work.

Return this completed and signed form to the Social Work Registrar.

Student’s Name: _____________________________________________________________

Student’s CWID: ____________ Student’s Email ______________________________

Course Number: ____________________________________________________________

Course Name: ______________________________________________________________

Course description (from current UA Graduate Catalog):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why is this course justified as a component of the student’s program of study? 
(Use reverse side of this page for additional space, if necessary.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Approved By:

Print Advisor’s Name: ______________________________________________________

Advisor’s Signature: _______________________________________________________

Date: ____________________________________________________________________