

**University Of Minnesota, Duluth  
Social Work Department**

**REQUEST TO WAIVE REQUIRED COURSE**

Name: \_\_\_\_\_

Number and Name of  
Course you wish to waive: \_\_\_\_\_

List below all documents you are attaching in support of this request.

I understand that approved waivers do not reduce the total number of credits required for the MSW degree.

\_\_\_\_\_  
Signature Date

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***SW FACULTY ACTION***

Review by advisor: \_\_\_\_\_  
Signature Date

Subject Area Specialist: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

\_\_\_\_\_  
Signature Date

Subject Area Specialist should check which of the following procedures were used to arrive at your decision:

\_\_\_\_\_ Reviewed attached documents

\_\_\_\_\_ Oral examination

\_\_\_\_\_ Written examination

\_\_\_\_\_ Other (please describe)

Director of Graduate Studies: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

\_\_\_\_\_  
Signature Date