

SCHOOL OF SOCIAL WORK MSW SEQUENCE MODIFICATION REQUEST OR REQUEST TO COMPLETE A REQUIRED COURSE IN ANOTHER CENTER

Student Information:

(Fill out completely)

Center: IC DM SC Online

Student Name- typed signature required

UI-ID#

Advisor Name - Please Print

Phone numbers: home, work and/or mobile

@uiowa.edu

UI-Email address

Semester

Substituting courses or modifying a structured, sequenced program is not typically approved (beyond those described in the Advanced Standing and Waiver Policy and Graduate Transfer Credit Policy Statements). Similarly, students are admitted to a particular center at the time of admission and are expected to complete required courses in that center. However, in rare instances a request may be developed with approval of the faculty advisor who will also assist with the **revised academic planning sheet and a rationale**. The Program Administrator will verify that required courses will be available and that class sizes permit the requested change before approving and archiving.

If the request involves planning for practicum, the practicum administrator will need to approve. If it involves taking a required course in another center, the instructor must also approve the request.

Modification requested:

Rationale for request:

Signature: Advisor (typed signature required), email to Practicum Administrator (if impacts Practicum planning) or instructor of course if out-of-center request.	Date	Approved	Denied
		Planning Form attached	
Signature: Practicum Administrator (typed signature required), email to instructor of other course if out of center request.	Date	Approved	Denied
Signature: Instructor of Course Requested (out of Admission Center) (typed signature required)	Date	Approved	Denied
Signature: Distance Education Administrator (if course requested will take place outside of Iowa City or Online) (typed signature required)	Date	Approved	Denied
Signature: MSW Program Director or designee (typed signature required), email to Program Administrator	Date	Approved	Denied
Signature: Program Administrator (typed signature required), email to Instructor	Date	Updated in IPT	