

**University of Cincinnati  
SCHOOL OF SOCIAL WORK**

**100 – 200 Level Elective Course Request**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Class Standing:**                      **Junior**                      **Senior**

**Course Name:** \_\_\_\_\_

**Course# :** \_\_\_\_\_      **Quarter / Year:** \_\_\_\_\_

**Reason for taking this course:**

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\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not approved for the following reasons:**

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**Associate Director:** \_\_\_\_\_      **Date:** \_\_\_\_\_