UNIVERSITY of WISCONSIN
UWMILWAUKEE
Helen Bader School of Social Welfare

Graduate Social Work Program
Request for Course Exemption

Name:_____ **Student ID#**_____

Address:_____

_____

City **State** **Zip**

Telephone:_____

Exams Taken	Date	Pass	Fail	Exams Taken	Date	Pass	Fail
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

I request exemption from course: (attach evidence to be considered – i.e. course descriptions, course outlines)	Approved	Not Approved
_____ based on completion of _____	☐	☐
_____ based on completion of _____	☐	☐
_____ based on completion of _____	☐	☐

_____ _____

Chair's Signature **Date**