



WESTERN MICHIGAN UNIVERSITY
College of Health and Human Services
School of Social Work

Request for Departmental Credit Approval

Instructions:

Use this form to request departmental approval for courses you completed outside the WMU School of Social Work that you want to count towards your **required coursework**.

This form is not necessary for the approval of electives. Electives that meet level and grade requirements, per WMU transfer credit policies, can be approved by your advisor and indicated on your program plan.

This form will be reviewed by the Association Director, who will determine if your course has been pre-approved or if it needs to be submitted to the faculty curriculum committee for review. This form will be returned to you with a decision. A copy will be kept in your student file. Please note that approved transferred graduate credits will not appear on your transcript until graduation.

If you are transferring credits from another institution, please ensure that WMU has a copy of your official transcripts. Also please make sure that your credits are eligible for transferring to WMU by reading the transfer eligibility policies; Undergraduate transfer policies can be found [here](#) and graduate transfer policies can be found [here](#). Please note that transcripts not yet submitted to WMU Admissions or Graduate Admissions office(s) will not be reviewed until transcripts are received.



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STUDENT INFORMATION

Student name:

WIN:

Student type: ☐ BSW applicant ☐ BSW student ☐ MSW applicant ☐ MSW Student

Student campus location: ☐ Grand Rapids ☐ Main/Kalamazoo ☐ Southwest/ Benton Harbor

Entry Term (program start date):

COURSE INFORMATION

Name of course(s) taken:

University where course was taken:

Is this course a social work specific course taken from an CSWE Accredited school? (Not sure? Find out [here](#)).

☐ Yes ☐ No

If not, was the course taught by a Licensed Social Worker? ☐ Yes ☐ No ☐ I don't know

Instructor:

Semester and year taken:

Grade received:

Course catalog description(s) of course taken (if not included in attached syllabus):

I am requesting that the above course count for the follow required course:

WMU SWRK Course #

WMU SWRK Course Title:

Justification for substitution:

THIS SECTION IS TO BE COMPLETED BY THE SCHOOL OF SOCIAL WORK ONLY.

Associate Director Review

☐ Course Pre-approved for Departmental Credit ☐ Sent to curriculum committee for review

MRO Signature: _____ Date _____

Curriculum Committee Decision

☐ Approved ☐ Not approved ☐ More information required (please explain below)

Committee Chair Signature: _____ Date _____