



MSW PETITION FOR ELECTIVE CREDIT APPROVAL

Section to be completed by the student.

Complete this section and email to [Doriann\\_Beverly@baylor.edu](mailto:Doriann_Beverly@baylor.edu) for signature and processing.

Date \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

Statement of Petition: Please approve the following graduate level course(s) for Master of Social Work elective credit:

Course Prefix (e.g. SWO)	Course # (e.g. 5V80)	Course Title	Semester Taken

Justification of Petition:

Section to be completed by the MSW Program Director, Associate Dean, or Dean

Comments:

Signature: \_\_\_\_\_

Sarah Dorrell Ritter, LMSW  
Director of Graduate Programs, MSW Program Director, Clinical Associate Professor  
Garland School of Social Work