

**University of Southern California
School of Social Work
Request to Substitute School Social Work Elective**

Student Name: _____

Student ID: _____

Academic Advisor: _____

Course Title: _____

Reason for Substitution: _____

The following item(s) has been submitted for review (please check one)

_____ Course description

_____ Syllabus*

For _____ (Course name and number)

_____ I approve the use of this course as a substitute for a social work elective.

_____ I do not approve the use of this course as a substitute for a social work elective.

Vice Dean of Academic and Student Affairs

Assistant Dean of Student Affairs

CC: Student
Office of Student Affairs
Student Services Advisor
Academic Advisor

*A copy of the course syllabus is required for any courses being submitted for consideration outside of the University of Southern California.

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