REQUEST TO CHANGE ENROLLMENT STATUS

STUDENT NAME: ____________________________________________________________

ID NUMBER_________________ UH EMAIL ADDRESS ________________________________

CONCENTRATION_________________ SPECIALIZATION_______________________________

PLEASE CHECK ALL THAT APPLY:  MSW Transfer student____  Advanced Standing student ____ Dual degree student____

CURRENT ENROLLMENT STATUS: ___________________ REQUESTED ENROLLMENT STATUS: _______________________

SEMESTER FOR ENROLLMENT CHANGE: Year________  PLEASE CHECK: Fall_____ Spring_____ Summer_____

PLEASE ATTACH THE FOLLOWING TO THIS FORM:
● Print-out of UH transcript  ● Current resume  ● Statement regarding reason for enrollment change (1 page) ●

PLEASE NOTE THE FOLLOWING:
• The enrollment request must be received 4 weeks prior to end of semester in order to be considered for the following semester.
• An advising meeting with your current MSW advisor is required. A representative from the GCSW Field Office staff may also be present.
• For financial aid recipients: Please note a change in enrollment can impact your financial aid. Please check with the UH Financial Aid Office and the GCSW Scholarships Coordinator to learn more.

Proposed New Degree Plan (to be completed by advisor/s)

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ADVISING MEETING: Participants: ____________________________________________ Date of Meeting: __________________________

This document is not valid nor is approval completed until all signatures listed below are obtained.

MSW Advisor: ____________________________________________ Date: __________________________

Field Education Advisor: ____________________________________________ Date: __________________________

MSW Prgrm Manager or Online Prgrm Director: ____________________________ Date: __________________________

Asst Dean of Admissions and Student Affairs: ____________________________ Date: __________________________