

Request to Take Online Section of Required Course

Name				Person Number	
Email Address					
Address					
City		State		Zip/Postal Code	

Class Information:

Semester:				
Reg. #	Course #	Section	Course Title	Instructor
Justification for Request:				

I understand that submission of this form does not guarantee a seat in this class.

Student Signature	Date

APPROVE: Yes ☐ No ☐

MSW Program Director Signature	Date

Please submit form to:

School of Social Work Registrar
685 Baldy Hall, Buffalo, NY 14260
Fax: 716-645-3456
Email: swinfo@buffalo.edu