

For Transfer Students only:

Transferred from _____ #Credits trans. _____ GPA _____

I attest the information contained in this application is true and complete to the best of my knowledge.

Applicant's Name: Printed

Applicant's Signature

Date

TO BE COMPLETED BY STUDENT CREDENTIAL REVIEW COMMITTEE

G.P.A. in all courses _____

G.P.A. in Social Work courses _____

If a transfer student, transcript is attached: _____

COMMENTS (strengths and areas for growth)

| Reader I Approved _____ Conditional _____ Rejected _____ Date _____

Faculty Signature _____

Reader II Approved _____ Conditional _____ Rejected _____ Date _____

Faculty Signature _____

Final disposition: Approved _____ Conditional _____ Rejected _____ Date _____

Recommendation(s)/Actions Taken (attach copies of email correspondence):

Postpone admission to practice courses

Postpone SCWK338/Jr. Field _____ Date: _____

Postpone SW498 Sr. Field _____ Date _____

Reason(s):

| Recommendations(s):