VERIFICATION OF SOCIAL WORK EDUCATION FOR CSW/LMSW APPLICANTS ENROLLED IN THEIR FINAL SEMESTER

The purpose of this form is to obtain approval to sit for the ASWB Masters exam in your final semester of the MSW program. <u>All</u> requirements of the CSW/LMSW application, other than the official master's transcript, must be complete for exam approval to be considered by the Board. The applicant shall make a request to the university to submit the transcript directly to the board office within 15 days of its availability. Requesting early approval to sit for the exam is not required.

DO NOT COMPLETE IF YOU HAVE ALREADY GRADUATED.

Applicant's Name			
Name on transcript (if different)_			
Address _			
Last 4 digits of SS#			
This section is to be completed by Social Work in which the applican	•	•	
I certify that(Name	of applicant)	is currently enro	olled in the final semester of the
Master's program in Social Work		E accredited Institu	
and is expected to graduate on _ (month/day/year)	·	
(Signature of Dean/Registrar/Cha	airperson of MSW Prog	gram)	(date)
School Seal (Mandatory)			

SCHOOL OFFICIAL SHALL RETURN THE COMPLETED FORM <u>DIRECTLY TO BOARD OFFICE</u> BY MAIL OR EMAIL. UPON RECEIPT OF THE MSW DEGREE, AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED TO THE BOARD OFFICE.