

BOSTON COLLEGE GRADUATE SCHOOL OF SOCIAL WORK

WAITLIST REQUEST

Name: _____ Date: _____

Telephone: _____ BC Email: _____

Status:

First Year Full-time

Three-Year Program: First Year Second Year

Four-Year Program: First Year Second Year Third Year

Final Year

Intervention Method: Clinical Macro

Semester Effective: Fall Spring Summer

Wait list request(s): Please use five- digit course # NOT the index # (Example SW 701 01):

SW_____ SW_____ SW_____ SW_____ SW_____

List courses currently registered for that you would like to drop:

SW_____ SW_____ SW_____ SW_____ SW_____

Reasons for Request:

Work days/hrs: _____ Field days/hrs: _____

Child/Elder care restrictions: _____

School Commute (time each way): _____

◆ Other (Please explain): _____

- ◆ When all waitlist requests have been resolved an e-mail will go out to the listserv and you should then check your Course History through Agora Portal.
- ◆ Please notify the Director, GSSW Advising Center, Rm. 221B (617-552-2610) immediately if there are any changes to your schedule that would impact your request.
- ◆ Wait lists will be active from the close of registration until the second week of classes.

Please return this form to the GSSW Advising Center McGuinn 221B.