

**Withdrawal from the School of
Social Work**

FORM FOR WITHDRAWAL FROM THE SCHOOL OF SOCIAL WORK

Date: _____ Student: _____

SSN: _____ Telephone: _____

Current Address: _____

Effective Date of Withdrawal: _____

Reason for Withdrawal: (Please attach any written information to this form)

Date and Semester of planned to the SSW: _____

CSA Recommendations: Yes _____ No _____

Other Comments:

ADDITIONAL INSTRUCTIONS

1. If student is currently registered for classes, it is necessary to advise the Associate Dean of the student's withdrawal.
2. It is necessary to advise the Director of Field Placements of any interruption in a Field Work Class.
3. Attach other available information (program plan, CSA recommendations or other documents) to this form and place in student's folder.
4. Folders of students who have withdrawn from the SSW are sent to the Director of MSW program in the SSW who processes readmissions to the School.
5. The student is given a copy of this form for their files.

Student Signature: _____ Date: _____

Advisor Approval: _____ Date: _____