



Social Work Education

Intent to Withdraw from the MSW Program

This is submitted to inform the Dept. of Social Work Education of my withdrawal from the program.

\_\_\_\_\_ I do not intend to return.

\_\_\_\_\_ I intend to return in \_\_\_\_\_ (identify semester/year).

Date: \_\_\_\_\_ Year entered the MSW Program \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student ID: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Effective date of withdrawal: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Address, city, state, zip code)

Reasons for Withdrawal (Check all that apply):

Financial\_\_\_ Personal: \_\_\_ Academic: \_\_\_ Health: \_\_\_ Other (Describe): \_\_\_\_\_

I am willing to meet with the Graduate Coordinator to discuss my decision. Yes\_\_\_ No\_\_\_

I have consulted with a Dept. faculty on my decision. Yes\_\_\_ No\_\_\_

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Graduate Program Coordinator Date

\_\_\_\_\_  
Dept. of Social Work Education, Chair Date

\_\_\_\_\_  
Academic Advisor Date

I understand that after a 1-year absence, if I choose to return, that I must reapply to Fresno State and there is a 5-year limit to complete the MSW degree. I have read the university policy, and understand the policy and expectations regarding withdrawal from the MSW program.

\_\_\_\_\_  
Print Name Signature Date

Office Use/Additional Comments: