***Widener University***

***Center for Social Work Education***

***Student Status Change Form***

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***STUDENT ID#***:  **Click here to enter text.**  *DATE:* Click here to enter a date.

***NAME:*  Click here to enter text.**

***ADDRESS:*** Click here to enter text.

***PHONE#****:* Click here to enter text.

***SPECIAL CONTACT INSTRUCTIONS*** *(if any)*  **Click here to enter text.**

***PROGRAM CHANGE REQUESTED:***  [ ]  PART-TIME TO FULL TIME [ ]  FULL-TIME TO PART-TIME

***WITHDRAWAL OR LEAVE REQUESTED***

 ***DATE LAST ATTENDED***: Click here to enter a date. ***REQUIRED***

 ***SEMESTER RETURNING***: Click here to enter text. [ ] ***CHECK IF NOT RETURNING***

*My signature or email check-off below acknowledges that I understand that NO leave/withdrawal request will be processed until I send an email to the Social Work Department (mferkler@widener.edu) confirming that I spoke to Financial Aid about any impact my withdrawal will have. 610-499-4161*

***BRIEF EXPLANATION FOR REQUEST:***

**Click here to enter text.**

***STUDENT SIGNATURE*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR [ ] ***Form returned via my Widener Email address***

 note: Sign only if you are printing the form to submit. Your Widener email address serves as your signature if you check the box.

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***This portion of the form will be completed by the Social Work Department***

**Advised by**: Click here to enter text.

**Notes:** Click here to enter text.

**Program Director:** Click here to enter text.