



School of Social Work  
Challenging Minds, Leading Change, Transforming Lives

### Request for a Modified Plan of Work

Student Name: \_\_\_\_\_ Access ID#: \_\_\_\_\_

Program:  MSW or  BSW /  Part Time or  Full Time

Phone: \_\_\_\_\_ Academic Advisor \_\_\_\_\_

**Requesting (please check all that apply):**

- Change in Status (FT/PT)
- Withdraw from Program
- Other: \_\_\_\_\_
- Withdraw from a class
- Change in Course Sequence
- Leave of Absence

**Please list the current classes in which you are registered:**

\_\_\_\_\_

\_\_\_\_\_

1. Have you read the policy/procedures for your request? Y / N
2. Are you aware of any financial aid implications regarding your request Y / N
3. Have you notified your professors of your pending request: Y / N
4. Are you registered for Field Work? Y / N

If yes, have you notified your Faculty Liaison of your request? Y / N

**Reason for your Request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please use back of form if additional space is needed)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Please submit to your academic advisor

**For office use only:**

- Approved  Denied Academic Official \_\_\_\_\_
- Departments notified:  Program Coordinator;  Field Department;  OASS Director;
- OASS assigned admin staff;  Other \_\_\_\_\_