**Agenda Adjustment / Postponement Request Form**

**Council on Social Work Education**

**Department of Social Work Accreditation**

**Email this form to the assigned Accreditation Specialist.**

|  |  |  |
| --- | --- | --- |
| **Name of Educational Institution:** |  | |
| **State:** |  | |
| **Program Level:**  *(check all that apply)* |  | |
| Baccalaureate |  |  |
| Master’s |  |  |
| **Requesting:**  *(check one)* |  | |
| **Agenda Adjustment**  *shifts timetable one COA meeting* |  |  |
| **Postponement**  *shifts timetable one year* |  |  |

**Directions:**

1. Prior to requesting an agenda adjustment or postponement, review policies 1.2.2 and 1.2.3 in the EPAS Handbook at [www.cswe.org](http://www.cswe.org). By submitting this form, the program acknowledges that they fully understand the conditions and agree to a temporary shift in the accreditation timetable.
2. Complete all sections of the form, include supporting documentation, and email the form in a single Word Document or searchable PDF to the program's Accreditation Specialist.

**Rationale for the Request:**

The Commission on Accreditation (COA) recognizes that special circumstances may occur that prompt a program to request a temporary shift to their accreditation timetable. Articulate the rationale for the request. Special circumstances include:

|  |  |
| --- | --- |
| *Check all that apply:* | |
| Recent administrative changes in the program |  |
| Institutional restructuring |  |
| Current or anticipated addition of new faculty or loss of faculty key to developing the self-study |  |
| Physical relocation of the program |  |
| Unusual conditions requiring faculty attention |  |
| Natural or human-made disasters |  |
| Health problems of key faculty members |  |
| The program’s desire to synchronize the review dates of its baccalaureate and master’s social work programs |  |
| Other:  *(provide a short description)* |  |

**Provide a detailed explanation of the rationale for the request:**

**Supporting Documentation:**

*List any supporting documentation to substantiate this request.*

* [supporting document #1]
* [supporting document #2]
* [supporting document #3]

**To be completed by the social work program director:**

*By submitting this form, the program acknowledges that they fully understand the conditions and agree to a temporary shift in the accreditation timetable.*

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name, Credentials:** |  |
| **Title:** |  |
| **Date:** |  |
| **Business Mailing Address:** |  |
|  |  |
| **Business Phone #:** |  |
| **Business Email Address:** |  |