

**Board of Accreditation (BOA)**

**Department of Social Work Accreditation (DOSWA)**

*Baccalaureate and Master’s Social Work Program Accreditation*

**Program Closure & Withdrawal of Accredited Status Form**

**Directions**

Social work programs must notify the Board of Accreditation (BOA) in writing of its intention to close per policy *4.12 Program Closure & Withdrawal of Accredited Status* in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies). The program is expected to make arrangements for the transfer or graduation of its students. The program is expected to remain in full compliance with all accreditation requirements and standards during the closure and withdrawal process.

**Purpose:**

* Submit this form to formally and permanently close the institution’s baccalaureate or master’s social work program and request withdrawal of accredited status.
* Once a program is closed, the institution would be required to complete the full candidacy process to open an accredited program.

**Formatting & Submission:**

* Do not alter this form.
* Submit this form as a **Microsoft Word document** per policy *4.7 Document Formatting & Submission Requirements* in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies).
	+ The form must be a single document and may not include separate attachments nor appendices.
	+ Scanned documents will not be accepted.
* Separate forms must be completed for co-located baccalaureate and master’s social work programs at the same institution.
* The primary contact emails the form to the program’s [CSWE accreditation specialist](https://www.cswe.org/accreditation/about/contacts/).
* Submit this form immediately upon finalizing a program closure plan or at least 90-days in advance of the program closure date, if possible.
	+ The information contained within this form must be finalized. Partial information, including incomplete transfer or graduation plans, shall not be accepted.
* *For collaborative programs:* All institutions must complete one joint form. Review policy *4.3 Forming & Dissolving Collaborative Programs* in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies) for additional information.

**Timeframe for Review & Response:**

* Forms are reviewed and processed within 30-days of receipt. CSWE accreditation staff may request clarifying information.
* Missing information, incomplete documents, or detached documentation may delay processing and affect the review process.
* Upon acceptance of the form programs will receive an email confirmation from CSWE accreditation staff and the program’s public status will be updated to **Accredited (Withdrawal in Progress)** in the [Directory of Accredited Programs](https://www.cswe.org/accreditation/about/directory/).
* Once the program has officially closed, and all students have transferred or graduated from the social work program, the BOA will vote to accept the program-requested withdrawal of accredited status at their next regularly scheduled BOA meeting.
* The institution’s president/chancellor and the social work program’s primary contact will receive a letter confirming the BOA’s action 30-days after the meeting.

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|  |  |
| --- | --- |
| Date Form Submitted to CSWE: | MM/DD/YYYY |

**Program Information**

| Name of Educational Institution: |       |
| --- | --- |
| **Program State, District, or Territory:** |       |
| **Program Level[[1]](#footnote-2) for which Withdrawal is sought:***(check one only)* | [ ]  Baccalaureate[ ]  Master’s |
| **Program Closure Date[[2]](#footnote-3):**  | MM/DD/YYYY |
| **Next Accreditation Review Date[[3]](#footnote-4):***(must match* [*CSWE records*](https://www.cswe.org/accreditation/directory/)*)* |       |
| **Will the program’s *Next Accreditation Review Date* occur before the *Program Closure Date*?**  | [ ]  Yes[ ]  No |
| **Next Accreditation Review Type:** | [ ]  Reaffirmation[ ]  Other: Identify (e.g., Progress Report, Restoration Report) |
| **EPAS**:*(check the EPAS the program is currently operating under)* | [ ]  2015[ ]  2022 |

# Required Notification(s) of Program Closure

**Institutional Accreditor**

|  |  |
| --- | --- |
| **Regional Accrediting Body:** |       |
| Does the **regional accreditor** require notification before closing the program? | [ ]  Yes[ ]  No |
| Did the institution notify the **regional accreditor** of program closure? | [ ]  Yes[ ]  No[ ]  N/A |
| **Date of Notification:** | MM/DD/YYYY or N/A |

**State Higher Education Authority**

|  |  |
| --- | --- |
| **Authority[[4]](#footnote-5):** |       |
| Does the **authority** require notification before closing the program? | [ ]  Yes[ ]  No |
| Did the institution notify the **authority** of program closure? | [ ]  Yes[ ]  No[ ]  N/A |
| **Date of Notification:** | MM/DD/YYYY or N/A |

# Current Total Student Enrollment

|  |  |
| --- | --- |
| **Total Number of Students Currently Enrolled[[5]](#footnote-6):** *(inclusive of all program options combined)* | # |

# Current Total Faculty[[6]](#footnote-7)

|  |  |
| --- | --- |
| **Total Number of Full-time Faculty:** *(inclusive of all program options combined)* | # |
| **Total Number of Part-time Faculty:***(inclusive of all program options combined)* | # |
| **Total Full-time & Part-time Faculty Combined:**  | # |

# Reason(s) for Program Closure

1. **Explain the reason(s) for program closure.**

Insert text here

# Transfer & Graduation Plan

1. **Provide plans to ensure students are transferred by the closure date. Transfer of students may occur internally within the institution to another program of study/discipline or externally to another institution.[[7]](#footnote-8)**

Insert text here

1. **Provide plans to ensure students graduate by the closure date.**

Insert text here

# Communication Plan

1. **Describe how faculty, students, staff, and other relevant stakeholders were informed of the pending closure.**

Insert text here

1. **Describe how students were informed of their option(s) to transfer and/or graduate.**

Insert text here

# Optional Documentation

List any optional documentation regarding the closure. Insert copies directly into this form after the signature page.

* List title of relevant document here or N/A
* List title of relevant document here or N/A
* List title of relevant document here or N/A

# Form Authorization

## Social Work Program’s Primary Contact[[8]](#footnote-9)

**Check this box:**

[ ]  As the social work program’s primary contact, I hereby authorize this program closure and withdrawal of accredited status. The institutionacknowledges that we fully understand and agree to the conditions of the closure, including that all students will be transferred or graduated from the social work program prior to closure and the program will remain in full compliance with all accreditation requirements and standards during the closure and withdrawal process.

|  |  |
| --- | --- |
| **Primary Contact Signature:** | Insert e-signature or image of signature |
| **Primary Contact****Name, Credentials:** |       |
| **Title:** |       |
| **Date Signed:** | MM/DD/YYYY |
| **Phone #:** | (###) ###-#### |
| **Email Address:** |       |

## Institution’s President/Chancellor

**Check this box:**

[ ]  As the institution’s president/chancellor, I hereby authorize this program closure and withdrawal of accredited status. The institutionacknowledges that we fully understand and agree to the conditions of the closure, including that all students will be transferred or graduated from the social work program prior to closure and the program will remain in full compliance with all accreditation requirements and standards during the closure and withdrawal process.

|  |  |
| --- | --- |
| **President/Chancellor Signature:** | Insert e-signature or image of signature |
| **President/Chancellor** **Name, Credentials:** |       |
| **Title:** |       |
| **Date Signed:** | MM/DD/YYYY |
| **Phone #:** | (###) ###-#### |
| **Email Address:** |       |

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| Next Accreditation Review Date: |       |
| --- | --- |
| **Will the program’s *Next Accreditation Review Date* occur before the *Program Closure Date*?**  | [ ]  Yes[ ]  No |
| **Timetable Change(s) Required to the Program’s Record:**  | [ ]  1-year Postponement[ ]  1-meeting Agenda Adjustment[ ]  1-meeting Administrative Adjustment[ ]  Other, customized on case-by-case basis |
| **New Accreditation Review Date:** |       |

1. Separate forms must be submitted for each program level, baccalaureate or master’s, for which withdrawal is sought. [↑](#footnote-ref-2)
2. Final date students will be enrolled in the program. By this date, all students will be transferred or graduated. Students who are enrolled in or graduate from the program after this date will not be recognized as graduates from a CSWE-accredited program. [↑](#footnote-ref-3)
3. If the program’s next accreditation review date occurs before the program closure date, CSWE accreditation staff will administratively adjust the program’s reaffirmation date to ensure the program is not prompted to complete the reaffirmation process. [↑](#footnote-ref-4)
4. A state higher education authority (e.g., higher education board, department of education) is not a social work licensing board. [↑](#footnote-ref-5)
5. Provide a numerical value. If no students are enrolled, enter “0.” [↑](#footnote-ref-6)
6. Provide a numerical value. If no faculty are employed, enter “0.” [↑](#footnote-ref-7)
7. Transfer plans are required. While programs may intend to graduate all students, circumstances may interrupt graduation plans and alternative arrangements for transfer are encouraged to support social work students. [↑](#footnote-ref-8)
8. The primary contact’s role is described in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies). The primary contact manages all accreditation-related communications between the program and CSWE. [↑](#footnote-ref-9)