**Agenda Adjustment / Postponement Request Form**

**Council on Social Work Education**

**Department of Social Work Accreditation**

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

**Form Purpose:** The Commission on Accreditation (COA) recognizes that special circumstances may occur that prompt a program to request a temporary shift their accreditation timetable or permanently align their baccalaureate and master’s accreditation review dates. This form is completed by the program’s primary

|  |  |  |
| --- | --- | --- |
| **Name of Educational Institution:** |  | |
| **State:** |  | |
| **Program Level:**  *(check all that apply)* |  | |
| Baccalaureate | ​☐ |  |
| Master’s | ☐ |  |
| **Requesting:**  *(check one only)* |  | |
| **1-Meeting Agenda Adjustment**  *shifts timetable one (1) COA meeting / four (4) months* | ☐ |  |
| **2-Meeting Postponement**  *shifts timetable two (2) COA meetings / eight (8) months* | ☐ |  |
| **1-Year Postponement**  *shifts timetable three (3) COA meetings / one (1) year* | ☐ |  |
| **Permanent Alignment**  *Synchronizes baccalaureate and master’s review dates* | ☐ |  |

**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:**

Special circumstances include, but are not limited to:

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

1. **Provide a detailed explanation of the rationale for the request:**
2. **Describe how the special circumstance(s) impacts the program’s ability to complete the accreditation review process according to the program’s current timetable:**

**Optional | Supporting Documentation:**

*List any optional supporting documentation to substantiate this request. Insert copies directly into this form after the signature page.*

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

**To be completed by the program’s primary contact:**

*By submitting this form, the program acknowledges that they fully understand the conditions and agree to a change in the timetable / accreditation review process. Programs requesting a permanent alignment must include signatures from both primary contacts (if different).*

|  |  |
| --- | --- |
| **Signature:** | [an e-signature or image of the signature is acceptable] |
| **Name, Credentials:** |  |
| **Title:** |  |
| **Date:** |  |
| **Business Mailing Address:** |  |
|  |  |
| **Business Phone #:** |  |
| **Business Email Address:** |  |

[Optional: insert any supporting documentation to substantiate this request here]