



School of Social Work
University of Missouri

Intent to complete MSW/PhD Joint Program

Name _____ Student Number _____

By checking each item and signing below, I am declaring my intention to complete the MSW/PhD Joint degree program at the University of Missouri in Columbia, MO and that I understand what is expected of me in the program.

___ I understand that I must apply and be accepted to both the Master of Social Work program and the PhD Social Work program in order to complete the MSW/PhD joint degree.

___ I have read the MSW/PhD plan of study and understand that I must strictly follow this plan of study in order to complete the joint program, successfully.

___ I understand that it is my responsibility, as a student, to keep in contact with my joint degree program advisor and inform him/her of any changes to my program, including but not limited to; adding or dropping a class after classes start, taking a leave of absence from the program, and choosing not to pursue the joint degree after I've started.

___ I understand that if I decide to withdraw from the PhD program that I will have 15 additional MSW credits to complete before graduation and my plan of study for the MSW program will extend beyond two academic years due to the sequencing of coursework.

Signature

Date