PART-TIME MSW CONFIRMATION RESPONSE FORM

Student Information:

DATE: ____________________________________________________________

NAME: __________________________________________________________

(FILL OUT EMAIL/ADDRESS INFORMATION ONLY IF CONFIRMING - will be used for summer contacts)

CURRENT EMAIL ADDRESS: __________________________________________

SUMMER EMAIL ADDRESS: __________________________________________

SUMMER ADDRESS: ________________________________________________

_________________________________________ ZIP

TELEPHONE (Days): ________________________________________________

Response:

_______ I will enroll in the University of Wisconsin-Madison School of Social Work Part-Time MSW Program - Madison.

_______ I will enroll in the University of Wisconsin-Madison School of Social Work Part-Time MSW Program - Eau Claire.

_______ I will not enroll in the University of Wisconsin-Madison School of Social Work Part-Time MSW Program.

_________________________________________ Student Signature

Complete and return this confirmation form within three weeks of the date of receipt of the admissions letter from the School of Social Work. Email, Fax or mail to Part-Time Admissions Office (see above)