

**REPRODUCTION OF PROJECT / THESIS DOCUMENT  
AUTHORIZATION TO REPRODUCE PROJECT/THESIS DOCUMENT AND  
ABSTRACT FOR DIGITAL/ELECTRONIC LIBRARY**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**I. MASTER'S IN SOCIAL WORK CLEARANCE**

Culminating Experience

\_\_\_\_\_ Thesis

\_\_\_\_\_ Project

Title of Project Thesis: \_\_\_\_\_

Name of Project/Thesis Chair: \_\_\_\_\_

Name(s) of  
Readers: \_\_\_\_\_

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**II. REPRODUCTION OF PROJECT/THESIS DOCUMENT  
INCLUDE AN ABSTRACT FOR ARCHIVE (to this form)**

**ALL STUDENTS MUST EMAIL AN ELECTRONIC COPY OF THE  
PROJECT/THESIS TO CHAIR.**

I understand that the Department of Social Work Education (DSWE) at California State University, Fresno requires me to submit a copy of my project/thesis in digital/electronic format. DSWE will make a digital/electronic copy of my project/thesis and the accompanying abstract for inclusion in a digital/electronic read-only ARCHIVE to be maintained by DSWE. The purpose of this ARCHIVE is to document student work for administrative and programmatic reviews conducted by DSWE, the University and our accrediting body, the Council on Social Work Education (CSWE). My signature indicates I have read and I understand the above notice.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

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**III. AUTHORIZATION TO REPRODUCE PROJECT/THESIS DOCUMENT AND  
ABSTRACT FOR DIGITAL/ELECTRONIC LIBRARY (DWSE requests that  
you permit the additional use of the digital copy of your project/thesis in an  
electronic library as described below)**

I give permission to the Department of Social Work Education (DSWE) at California State University, Fresno, to copy my project/thesis document and the accompanying abstract for the purpose of including it in a Project/Thesis digital/electronic read-only library. The purpose of this library is to fulfill a professional responsibility to contribute to the professional social work knowledge base by making project/thesis documents available for use in research and classroom activities conducted by DSWE faculty and by future BA social work majors and MSW students.

**MASTER'S IN SOCIAL WORK CLEARANCE  
DEPARTMENT OF SOCIAL WORK EDUCATION**

I understand that:

1. Inclusion of my project/thesis document in the Project/Thesis Library is **COMPLETELY VOLUNTARY**. Electing to exclude my project/thesis document from the library will have no effect on me academically or professionally.
2. The Project/Thesis digital/electronic read-only library is controlled and limited to DSWE faculty and student may be posted to a secure internal department WEB site that is accessible ONLY by DSWE faculty and students. No part of the document, with the exception of the title page and author's name, may be disseminated without my permission through any medium that can be accessed by the general public.
3. A database of abstracts from the projects/theses will be created. Information about my project/thesis (limited to the title, author, chair/readers and abstract) may be published in DSWE media. DSWE media may be disseminated within the department as well as to the University and the larger community.
4. Users will not be allowed to make partial or full copies of my work in digital/electronic form under any circumstance.

Please initial the statement that indicates your wishes and sign and date (check only ONE [1]):

1. \_\_\_\_\_ I authorize the reproduction and use of my project/thesis document as outlined above.
2. \_\_\_\_\_ I authorize the reproduction and use of my project/thesis document as outlined above **EXCEPT**, I WITHOLD permission to include a copy of the ABSTRACT of my project/thesis in any document or electronic/WEB collection produced by DSWE for faculty, students, or the professional community.
3. \_\_\_\_\_ I DO NOT give DSWE permission to include my project/thesis in the Project/Thesis digital/electronic read-only library.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**ADDRESS (AFTER GRADUATION)**

\_\_\_\_\_  
Street Address

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City/State

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Zip

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Cell

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Home

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Other

*Please attach a copy of the project/thesis abstract with identifying information (Title, Author, Reader's Names, Year). No more than one type page.*

***NOTE: Graduate Clearance form will not be submitted to the Graduate Studies office until this form and a copy of the abstract are received by the Social Work Education Department.***