



GRADUATE TERMINATION EXCEPTION REQUEST

Submit this form to your College upon notification of possible Termination.
Exception Request Deadline is derived from the date that you were notified of possible Termination.

Student's Name: _____ G#: _____
Last First

Phone: _____ Mason Email Address: _____

Student's Program: _____ Term: Fall Spring Summer _____
Year

Attachments Required:

- Patriot Web Transcript
- Specific details describing the unique and extenuating circumstances under which you were unable to maintain minimum standards of academic performance
- Letter of support from Advisor or Dissertation/Thesis Chair addressing: why an appeal should be granted, how the program will be supportive, any recommendations/requirements associated with approval, any other relevant information for consideration.

By signing below I understand that, if this appeal is approved by my Associate Dean **and** the Associate Provost, I may continue studies, but will be immediately dismissed upon award of one more unsatisfactory grade (C or F).

Student's Signature Date

College Review

__ Approved __ Not Approved _____
Advisor's Signature (If required by school) Date

__ Approved __ Not Approved _____
Department Chair's Signature (If required by school) Date

__ Approved __ Not Approved _____
Student's Academic Dean (required) Date

Associate Provost's Review

- Request Approved
- Request Denied

Notation of Termination will be placed on transcript and all registered courses will be administratively dropped.

Associate Provost's Signature Date

After completed, return this form to the Office of the University Registrar, Student Union Bldg 1, Room 2101 MS 3D1, Fax (703) 993-4668.

Registrar's Initials: _____/_____