

GRADUATE TERMINATION EXCEPTION REQUEST

 $\label{thm:continuous} \textbf{Submit this form to your College upon notification of possible Termination.}$

Exception Request Deadline is derived from the date that you were notified of possible Termination.

Student's Name:				G#:	
Last	First				
Phone:		Mason Em	ail Addr	ess:	
Student's Program:		Term: Fall	Spring	Summer	
Attachments Required: Patriot Web Transcript					Year
 Specific details describing the union maintain minimum standards of a 		_	inces un	der which you	were unable to
 Letter of support from Advisor or how the program will be supportion other relevant information for con 	Dissertation/The	sis Chair addr	_		_
By signing below I understand that, if I may continue studies, but will be important F).					
Student's Signature	Date				
College Review					
ApprovedNot Approved					
	Advisor's Signa	Signature (If required by school)			Date
ApprovedNot Approved	Department C	hair's Signatu	Date		
ApprovedNot Approved	Student's Acad	Academic Dean (required)			Date
Associate Provost's Review					
Request Approved Request Denied		e placed on tr	anscript	and all registe	red courses will be
Associate Provost's Signature				Date	