01/17



Registrar's Initials: _____/___

GRADUATE TERMINATION APPEAL

Submit this form to your College upon notification of possible Termination.

Appeal 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	
 Patriot Web Transcript Specific details describing the maintain minimum standard Letter of support from Advise granted, how the program wapproval, any other relevant By signing below I understand that, if I may continue studies, but will be in F). 	Is of academic per sor or Dissertation, vill be supportive, t information for c if this appeal is app	formance /Thesis Chair a any recomme onsideration. proved by my	addressing: why an appoint and addressing: why an appoint and and the Associate Dean and the	eal should be associated with Associate Provost,
Student's Signature		Date		
College Review				
Approved Not Approved	Advisor's Sign	Advisor's Signature (If required by school)		 Date
Approved Not Approved	 Department C	Chair's Signature (If required by school)		 Date
Approved Not Approved	Student's Aca	ademic Dean (required)		 Date
	Termination will b	e placed on tr	anscript and all register	red courses will be
Associate Provost's Signature			Date	
After completed, return this form to the Office of	the University Registrar	, Student Union Blo	dg 1, Room 2101 MS 3D1, Fax (7	703) 993-4668.