NON-DEGREE GRADUATE TERMINATION APPEAL

Submit 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 _____
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

Preferred Attachment(s) - Supporting documentation for this request

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 terminated 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

Comments_____

_____

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.