



Program Dematriculation Request Form

Student Name: _____ ID#: _____

Department: _____ Program: _____

Admitted Semester: _____ Year: _____ Current Graduate GPA: _____

Completed Program Credit Hours: _____ Requested Dematriculation Effective Date: _____

GA Appointment?

Description of Program-Related Problems:

Outline all the program-related problems that justify a dematriculation. Please include all of the specifics including a timeline of the problems and any warnings, deadlines, etc. Attach any applicable emails, memos, etc. as supporting documentation.

Extenuating Circumstances:

Outline any program-related or personal extenuating circumstances that you are aware of for this student.

Required Approvals:

Department Chair or Program Director

Name: _____ Signature: _____ Date: _____

Graduate Studies

Name: _____ Signature: _____ Date: _____

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