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: ____________