



Case Number: _____
Date Action Submitted: _____

STUDENT INFORMATION:

Name: _____
Address: _____
City State Zip

G#: _____
E-Mail: _____@masonlive.gmu.edu
Home/Cell Phone: _____

Status: FR SO JR SR Non-Degree Guest Matriculant

ACADEMIC REQUEST: (check one request)

Total Withdrawal* +(all courses)
Current Semester
Previous Semester- Specify Semester: Fall / Spring / Summer Year: _____

Late Course Withdrawal* + Specify Course: _____
Current Semester
Previous Semester- Specify Semester: Fall / Spring / Summer Year: _____

Leave of Absence*
Dean's Approval required for more than one semester
Late Leave of Absence - include Total Withdraw Request for current semester

Study Elsewhere + (permission not required for Non-Degree students)
Fill out the Study Elsewhere Form from the Registrar website and include in your request

Credit Overload +(over 18 credits) Specify total amount of credits to be taken: _____
Fill out the Credit Overload Request Form from the Registrar website & include in your request

Re-enrollment (Required for students below a 2.0 cumulative GPA)
Fill out the Re-enrollment Form from the Registrar website & include in your request

Suspension Override

Return from dismissal (only if returning as an undeclared student. All others report to their intended major department)

Other Specify request: _____

* Requests involving tuition refunds or waivers must be directed to the Student Accounts Office as well.
+ If you are receiving some form of Financial Aid, please review your status with the Office of Financial Aid before pursuing this action request.

REQUEST INSTRUCTIONS:

The following information must be completed and submitted with this form before your request will be considered.

- Meet with an academic advisor in the Center for Academic Advising, Retention & Transitions (BAS students email their advisor all others call 703-993-2470 to schedule an appt.)
Type, on another paper, the details of your request including dates and appropriate references.
Include all relevant documents with your appeal (e.g. medical or employer verification, program/course descriptions) substantiating and supporting your request.
Return completed form with documentation to 6500 SUB I or fax it to 703.993.2478

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE: _____

DEPARTMENTAL USE: Date Action Taken: _____ Action Recommendation: _____