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)

☐ Permission for Repeating Course Exception
  □ Fill out the Student Success Plan from the Registrar website & include in your request

☐ 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 3600 SUB I or fax it to 703.993.2478

STUDENT SIGNATURE __________________________ DATE __________________________

ADVISOR SIGNATURE __________________________ DATE: __________________________

DEPARTMENTAL USE:  
Date Action Taken: __________________________ Action Recommendation: __________________________