



Exploratory/Undeclared

STUDENT ACADEMIC REQUEST

(For Provost Exploratory/Undeclared (Non VSE), Non-Degree & BAS Students)

Case Number: _____
Date Action Submitted: _____

Full Name _____ G#: _____

Address: _____

_____ E-Mail: _____@masonlive.gmu.edu

City _____ State _____ Zip _____ 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

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 a Success Coach in the Mason Care Network (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 _____

SUCCESS COACH SIGNATURE _____ DATE: _____

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