OLD DOMINION UNIVERSITY

The Graduate School

Notice of Student Separation or Dismissal from Program G8

Student's Name: ____ UIN#:______________________________

College: _________________________________ Degree and Program:____________________________________

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Select one of the following:

1.______ The student listed above has submitted a request in writing to be À}oµvš Œ]oÇ separated from his or her program.

Please attach a copy of the student's written request. Kvo Ç šZ 'Œ µ š WŒ}PŒ u]Œ š}Œ–•]v šZ •]Pv šµŒ}Á XŒ

î X______ The student listed above has been]vÀ}oµvš ŒÇ dismissed from his or her program for one of the following reasons:

- Failure to maintain good academic standing based on u]v]uµu University PŒ ‰}]vš À Œ P ~'W • requirements following reinstatement
- Failure to maintain good academic standing based on specific program requirements

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Date of Separation or Dismissal from the Program: ___________________ (MM/DD/YYYY)

Approved By:

__________________________________ __________________________________ ______________

Graduate Program Director's Name | Graduate Program Director's Signature

__________________________________ __________________________________ ______________

Department Chair's Name | Department Chair's Signature

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