Notice of Student Separation or Dismissal from Program G8

Old Dominion University
The Graduate School

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 } o µ v š Œ Ç separated from his or her program.

Please attach a copy of the student's written request. K v o Ç š Z 'Œ µ š W Œ } P Œ u] Œ š } Œ – •] v š Z •] P v š µ Œ } Á X Œ

î X______ The student listed above has been] v À } o µ v š Œ Ç dismissed from his or her program for one of the following reasons:

- Failure to maintain good academic standing based on u] v] u µ u University P Œ ‰ }] v š 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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