



Student Academic Affairs & Advising
STUDENT ACADEMIC REQUEST

RETURN COMPLETED FORM WITH DOCUMENTATION TO SUBI, ROOM 304. PHONE: 703.993.2470, FAX: 703.993.2478

DEPARTMENT USE

CASE NUMBER: _____

STUDENT INFORMATION:

Name: _____

G#: _____

Address: _____

Notification of an academic decision is sent to GMU e-mail addresses only.

City State Zip

GMU E-Mail: _____@gmu.edu

Student Status: FR SO JR SR ELI
Non-Degree Exchange Student Guest Matriculant

Phone: Home _____

Cell / Work _____

ACADEMIC REQUEST:

Current Semester

_____ Total Withdrawal (all courses)*

_____ Course Add specify course(s): _____

_____ Selective Course Withdrawal specify course(s): _____

Previous Semester(s) specify semester(s): _____

_____ Total Withdrawal (all courses)*

_____ Course Add specify course(s): _____

_____ Selective Course Withdrawal specify course(s): _____

Future Semester

_____ Study Elsewhere*+ (need *Study Elsewhere Form* from Registrar website and Advisor signature)
(option not available for Non-Degree students)

_____ Credit Overload

_____ Return from suspension (All students making this request must first see an Advisor.)

_____ Return from dismissal (All students making this request must first see an Advisor.)

_____ Other (specify): _____

* 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 submitted with this form before your request may be considered.

_____ **Write**, on another paper, **the details of your request** including dates and appropriate references.

_____ **Include all relevant documents** (e.g. medical or employer verification, program/course descriptions) substantiating and supporting your request.

STUDENT SIGNATURE _____

DATE _____

DEPARTMENT USE:

Date Received: _____ (initials) _____

Date Action Taken: _____ (initials) _____

Action Recommendation: _____

Student Notification: E-Mail Date: _____ Mail Date: _____ Pick Up: _____