



College of Health and Human Services
Office of Student Affairs
4400 University Dr., MS: 6C4
Fairfax, VA 22030

STUDENT ACADEMIC REQUEST

Campus location: Robinson Hall, Room B 402

Phone: 703-993-1914

Fax: 703-993-3606

Name: _____ G# _____

Address: _____ GMU E-Mail: _____

Phone: Home _____

City _____ State _____ Zip _____ Phone: Cell/Work _____

Student Status: freshman sophomore junior senior master's doctoral non-degree

Program: _____ Concentration: _____

ACADEMIC REQUEST:

Current Semester: _____

- Total Withdrawal (all courses)* Partial Withdrawal
- Course Add Selective Course Withdrawal (undergraduate students only)

Specify course(s): _____

Previous Semester(s): _____

- Total Withdrawal (all courses)* Partial Withdrawal
- Course Add Selective Course Withdrawal (undergraduate students only)

Specify course(s): _____

Future Semester: _____

- Study Elsewhere*+ (Study Elsewhere form required with Advisor signature. Form available on Registrar's website at <http://www.registrar.gmu.edu/forms>. Study Elsewhere 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 for tuition refunds must be directed independently to the Student Accounts Office using the **Tuition Exception Request** (<http://fiscal.gmu.edu/forms/>).
+ 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:

To be considered, the following information **must** be submitted **with** this form. **Please do not send documents separately.**

- On a separate sheet of paper, write **the details of your request** including dates, specific course numbers, and appropriate references. Please include your name, date, and G Number.
- Include all relevant documents** (e.g. medical or employer verification) substantiating and supporting your request. All information provided will be treated confidentially.

Student Signature _____ Date: _____

DEPARTMENT USE:

Date Received: _____ (initials) _____ Date Action Taken: _____ (initials) _____

Action Recommendation: _____

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

PLEASE RETURN COMPLETED FORM WITH DOCUMENTATION TO THE ADDRESS LISTED ABOVE.