



GRADUATE STUDIES
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Departmental Request to Expire (Terminate) Graduate Status

ADV Form 7

IMAGING: GRS Terminate
 Admit Year/Term:

Student Information

Name _____				BYU ID number _____
Current Mailing Address _____				Graduate Department _____
City _____	State or Province _____	Postal Code _____	Country _____	Graduate Program _____
Telephone Number _____		E-mail Address _____		Graduate Degree _____
Country of Citizenship _____		US Permanent Resident # (If applicable) _____		Semester/Term and Year Admitted: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ Year

Withdraw Information

<input type="checkbox"/> The department initiated the withdraw:*	<input type="checkbox"/> The student initiated the withdraw:
<input type="checkbox"/> The student failed to fulfill the provisions of acceptance.	<input type="checkbox"/> to pursue a degree in another department.
<input type="checkbox"/> The student received a Marginal and/or Unsatisfactory rating.	<input type="checkbox"/> to pursue a degree at another university.
<input type="checkbox"/> The student failed the comprehensive examination.	<input type="checkbox"/> for personal reasons.
<input type="checkbox"/> The student failed the final oral examination.	<input type="checkbox"/> in response to departmental evaluation.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

*This form must be accompanied by a copy of the termination letter sent to the student. To appeal the decision, please refer to the Graduate Academic Grievance Policy (check on page B-35 of the Policies and Procedures manual on the Graduate Studies Web site).

Department Decision

The department would like the record to show the following (please select only one):

Voluntary Withdrawal–Satisfactory. The student voluntarily withdrew from graduate study and was making satisfactory progress.

Voluntary Withdrawal–Unsatisfactory. The student voluntarily withdrew from graduate study and was making unsatisfactory progress.

Departmental Termination. The student's graduate status was terminated as a result of unsatisfactory performance.

Academic Suspension. Please post "Academic Suspension" on the official record of the university and on the student's transcript.

Comments: _____

Printed Name of Graduate Committee Chair _____ Original Signature of Graduate Committee Chair _____ Date _____

Printed Name of Graduate Coordinator or Department Chair _____ Original Signature of Graduate Coordinator or Department Chair _____ Date _____

Office Use Only Graduate Studies (original) Dept. (after processing) Int'l Services
 ADV07 ADV06 REG01 REG05 REG07 GS03 Initials: _____ Date: _____