



Undergraduate Academic Affairs
College of Science

SUSPENSION OVERRIDE REQUEST

	OFFICE USE ONLY
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Mr/Ms: _____

G#: _____

Address: _____

GMU email: _____

Official correspondence may be sent to this address.

City State Zip

Telephone: if yes, we will leave a detailed message on voice mail

Home () _____ Message? yes/no

Cell/Work () _____ Message? yes/no

Major: _____

Note that any required documentation must be provided within 30 days of receipt of your request to the Undergraduate Academic Affairs Office. **After 30 days, the request will be filed without review.**

Semester of Return (circle): Fall Spring Summer **Year** _____ **Is this a first or second suspension?** _____

Please work with your advisor to develop an appropriate schedule. List your proposed schedule below.

(Please keep in mind that suspension overrides are typically only allowed for up to 6 or 7 credits)

Proposed Schedule

Alternate Course

_____ Advisor's Signature: _____

Please explain the circumstances that lead up to being placed on suspension, and how they have been rectified below.

Read and Sign: I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

Student's Signature

Date