GEORGE MASON UNIVERSITY

College of Public Health
4400 University Dr., MS: 6C4
Fairfax, VA 22030

STUDENT ACADEMIC REQUEST

Campus location: Peterson Hall, Ste 1000   Phone: 703-993-1901   Fax: 703-993-3606   Email: cph@gmu.edu

Name: _____   G# _____

Address: _____   GMU E-Mail: _____

Phone: Home _____

Phone: Cell/Work _____

City   State   Zip

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

Program: _____   Concentration: _____

ACADEMIC REQUEST:

Current Semester

☐   Total Withdrawal (all courses)*

☐   Course Add   Specify course(s): _____

☐   Selective Course Withdrawal   Specify course(s): _____ (Selective withdrawal is for undergraduate students only.)

Previous Semester(s)

☐   Total Withdrawal (all courses)*

☐   Course Add   Specify course(s): _____

☐   Selective Course Withdrawal   Specify course(s): _____ (Selective withdrawal is for undergraduate students only.)

Future Semester

☐   Study Elsewhere*+   (Need Study Elsewhere Form from Registrar website and Advisor signature. This option is 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**.
\+ 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.

☐   On a separate sheet of paper, write **the details of your request** including dates and appropriate references. Please include your name, date, and G Number on the separate page.

☐   **Include all relevant documents** (e.g. medical or employer verification, program/course numbers) 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: _____

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