Student Academic Affairs
SUSPENSION OVERRIDE REQUEST—Undergraduate

Mr/Ms: __________________________ G#: __________________________
Address: __________________________ Masonlive email: __________________________
________________________________
________________________________
Major: __________________________ Telephone: (home) __________________________
________________________________
Telephone: (mobile) __________________________

* Requests are due within 30 calendar days before the start of semester that student is attempting to return
** Note that any required documentation must be provided within 15 calendar days of receipt of your request to the Student and Academic Affairs Office. After 15 days the request will be filed without review of documentation.

Semester of Return (circle): Fall Spring Summer Year: _________ First or second suspension? _________

Submission Instructions:
1. Meet with your advisor to develop an appropriate schedule in the section below.
2. On a separate piece of paper, type the details of your request including dates and appropriate references to attach.
3. Include all relevant documents with your appeal (e.g., medical or employer verification, program/course descriptions) substantiating and supporting your request.
4. Return completed form with documentation to 2300 Thompson Hall or fax to 703-993-2082.

Proposed Schedule: Alternate Courses:

________________________________
________________________________
________________________________
________________________________
Advisor’s Signature: __________________________
Telephone: __________________________

Read and sign: I understand that requests are not effective unless approved by the Student and Academic Affairs Office. I certify that the above and any accompanying information is accurate and not in violation of the Honor Code. Acceptance of requests 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 Signature

Date

Thompson Hall Room 2300 http://cehd.gmu.edu/saa/ Phone: 703-993-2080 Fax: 703-993-2082 email: askCEHD@gmu.edu
Form updated 05/2015