



DEPARTMENT RECOMMENDATION FOR STUDENT SEPARATION

Please type directly into the highlighted fields or print clearly in blue or black ink.

STUDENT INFORMATION

Student ID (L-Number): _____ Date placed on Graduate College probation: _____

Student Name: _____
Last Name First Name M.I.

Program of Study: _____ Degree: _____

Reason for initial probation: _____

Reasons for Separation Request (Please be detailed & specific): _____

APPROVAL SIGNATURES - If you approve the content of this form please sign and date below.

 Graduate Coordinator Date * Dean, Academic College Date

 Department Chair Date

GRADUATE COLLEGE USE ONLY - Please check the appropriate box: APPROVE <input type="checkbox"/> DENY <input type="checkbox"/>	
_____ Dean, Graduate College Date _____ Evaluator Name Date Letter Sent to Student	Comments:

* Please consult the Forms page of the Graduate College website (graduatecollege.unlv.edu) to determine if this signature is required for your program.