

GRADUATE STUDIES
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## Departmental Request to Expire (Terminate) Graduate Status

ADV Form 7

IMAGING: GRSTerminate

Name   BYU ID number		Student Inf	ormation
Telephone Number	Name		BYU ID number
Telephone Number    E-mail Address   Graduate Degree			Graduate Department
Semester/Term and Year Admitted:   Fall   Winter   Spring   Summer   Year	City State or Province	Postal Code Country	Graduate Program
Withdraw Information    The department initiated the withdraw:*   The student initiated the withdraw:   The student failed to fulfill the provisions of acceptance.   to pursue a degree in another department.   The student failed to fulfill the provisions of acceptance.   to pursue a degree in another department.   The student failed the comprehensive examination.   for personal reasons.   The student failed the final oral examination.   other:   Other:   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	Telephone Number	E-mail Address	Graduate Degree
The department initiated the withdraw:*  The student failed to fulfill the provisions of acceptance. The student received a Marginal and/or Unsatisfactory rating. The student failed the comprehensive examination. The student failed the comprehensive examination. The student failed the final oral examination. The student failed the final oral examination. The student failed 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	Country of Citizenship	US Permanent Resident # (If appl	licable) Fall Winter Spring Summer
The student failed to fulfill the provisions of acceptance.   to pursue a degree in another department.     The student received a Marginal and/or Unsatisfactory rating.   to pursue a degree at another university.     The student failed the comprehensive examination.   for personal reasons.     The student failed the final oral examination.   other:   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		Withdraw In	ıformation
The student received a Marginal and/or Unsatisfactory rating.   to pursue a degree at another university.   The student failed the comprehensive examination.   for personal reasons.   in response to departmental evaluation.   Other:	The department initiated the wit	ndraw:*	☐ The student initiated the withdraw:
The student received a Marginal and/or Unsatisfactory rating.   to pursue a degree at another university.   The student failed the comprehensive examination.   for personal reasons.   In response to departmental evaluation.   Other:   Other:   Other:   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 student failed to fulfill the	e provisions of acceptance.	to pursue a degree in another department.
The student failed the comprehensive examination.   for personal reasons.   in response to departmental evaluation.   Other:   Other:   Other:   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	<del>_</del>		to pursue a degree at another university.
Other: Ot	<u> </u>	, ,	for personal reasons.
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 student failed the final or	al examination.	in response to departmental evaluation.
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 progres  Voluntary Withdrawal–Unsatisfactory. The student voluntarily withdrew from graduate study and was making unsatisfactory progres  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 transcriptomments:  Original Signature of Graduate Committee Chair  Date	Other:		Other:
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 progres  Voluntary Withdrawal—Unsatisfactory. The student voluntarily withdrew from graduate study and was making unsatisfactory progres  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:  Comments:  Printed Name of Graduate Committee Chair  Original Signature of Graduate Committee Chair  Date			
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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 transcriptory.  Comments:  Printed Name of Graduate Committee Chair  Original Signature of Graduate Committee Chair  Date	The department would like the record	I to show the following (please	select only one):
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Comments:  Printed Name of Graduate Committee Chair  Original Signature of Graduate Committee Chair  Date	_	-	
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Printed Name of Graduate Coordinator or Department Chair Original Signature of Graduate Coordinator or Department Chair Date	Printed Name of Graduate Committee Chair		Original Signature of Graduate Committee Chair Date
	Printed Name of Graduate Coordinator or De	partment Chair	Original Signature of Graduate Coordinator or Department Chair Date
	Office Use Only ☐ Graduate Studies (origin ☐ ADV07 ☐ ADV06 ☐ REG01	al) Dept. (after processing) DREG05 REG07	Int'l Services  GS03 Initials: Date: