

Student's Name: _____ ID: _____

Program/Major: _____

Hours: _____ GPA: _____ Review Term: _____

Use this form to communicate dismissals or program retention requirements at any point in a student's academic career.

DEPARTMENT'S COMMENTS: Incomplete forms will be returned to dept. Attach additional page if needed.

Reason for Review:

- _____ **Required by Graduate School.** Every term when student has <3.0 cumulative GPA with ≥ 15 GPA Hours.
- _____ **Not Required by Graduate School.** Proactive review for academic success to document retention efforts at signs of academic difficulty for students with <15 GPA Hours or not meeting program requirements.
- _____ **Student left the program.** Please indicate when/how you learned of this information. Recommendation for retention/dismissal is not required. Re-evaluation will be performed if student returns to program.

Recommendation:

- _____ **Retention.** Include a specific plan of action to improve the GPA in a timely manner, any courses that must be retaken and when, and any other requirements.
- _____ **Dismissal.** Include justification and any steps taken to retain student. Submit form as soon as possible. If student voluntarily left program and dismissal is not recommended, please check the "Student left the program" box above. Re-evaluation will be performed if student returns to program.

Comments:

Deadline to satisfy minimum GPA requirement: _____

Advisor or Graduate Program Director's signature: _____

Printed name: _____ Date: _____

STUDENT SECTION: This retention plan has been designed for your academic success. **Failure** to maintain this standard may result in dismissal from graduate study. Signature or e-mail acknowledgement required for retention recommendations only.

Comments (optional):

Signature: _____ Date: _____

GRADUATE SCHOOL DEAN'S DECISION: Approved _____ Denied _____

Comments:

Signature: _____ Date: _____