OLD DOMINION UNIVERSITY
The Graduate School

Student's Name: _____ UIN#:_____

College: _____ Degree and Program:_____

Graduate Academic Advisor,if assigned: _____

Select one of the following:

1._____ The student listed above has submitted a request in writing to be voluntarily separated from his or her program.

Please attach a copy of the student's written request. Only the Graduate Program Director's approval is required in the signature area below.

2. _____ The student listed above has been involuntarily dismissed from his or her program for one of the following reasons:

☐Failure to maintain good academic standing based on minimum University grade point average (GPA) requirements following reinstatement

☐Failure to maintain good academic standing based on specific program requirements

☐Plagiarism, falsification of data, and/or other instances of academic dishonesty

☐Inability to meet specific technical requirements

☐Failure to pass a required examination or meet other program benchmark(s) as determined by the appropriate review committee

☐Failure to maintain satisfactory progress on a thesis or dissertation as determined by the designated thesis or dissertation committee

☐Unprofessional and/or unethical behavior as a graduate assistant, student intern, student clinician, student teacher, student worker, or other University-affilliated role (see the University Code of Ethics and applicable profession-based standards)

☐ Any behavior that may involve criminal activity, that may pose a threat to the health or safety of the University community, that may infringe upon the rights or property of others in the University community, and/or that may breach the peace of the University community

Please attach a written justification and a copy of the notification of dismissal provided to the student. Involuntary dismissals must be approved by the Graduate Program Director, the Department Chair, and the Dean or Dean's designee.

Date of Separation or Dismissal from the Program: _____ (MM/DD/YYYY)

Approved By:

_____   _____   _____
Graduate Program Director's Name   Graduate Program Director's Signature   Date

_____   _____   _____
Department Chair's Name   Department Chair's Signature   Date

_____   _____   _____
Dean or Dean's Designee's Name   Dean or Dean's Designee's Signature   Date

Please send electronically to the Graduate School at graduateschool@odu.edu.
Copies: Graduate Program Director
              Graduate Academic Advisor (if assigned)
              VISA Office (intlstu@odu.edu) for F-1 and J-1 Visa Holders ONLY
              Student