



Undergraduate Academic Affairs  
College of Science

SUSPENSION OVERRIDE REQUEST

	OFFICE USE ONLY
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Mr/Ms: \_\_\_\_\_

G#: \_\_\_\_\_

Address: \_\_\_\_\_

**GMU email:** \_\_\_\_\_

Official correspondence may be sent to this address.

\_\_\_\_\_  
City State Zip

Telephone: if yes, we will leave a detailed message on voice mail

Home ( ) \_\_\_\_\_ Message? yes/no

Cell/Work ( ) \_\_\_\_\_ Message? yes/no

Major: \_\_\_\_\_

Note that any required documentation must be provided within 30 days of receipt of your request to the Office of Academic and Student Affairs. **After 30 days, the request will be filed without review.**

**Semester of Return (circle):** Fall Spring Summer **Year** \_\_\_\_\_ **Is this a first or second suspension?** \_\_\_\_\_

Please work with your advisor to develop an appropriate schedule. List your proposed schedule below.

*(Please keep in mind that suspension overrides are typically only allowed for up to 6 or 7 credits)*

Proposed Schedule

Alternate Course

\_\_\_\_\_

\_\_\_\_\_ Advisor's Signature: \_\_\_\_\_

Please explain the circumstances that lead up to being placed on suspension, and how they have been rectified below.

**Read and Sign:** I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review 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's Signature

\_\_\_\_\_  
Date