

Name _____ **DU ID** _____ **Date** _____

Degree _____ **Program** _____

Please select one:

- Student is requesting to leave program (if the student initiated the termination request, please attach a copy of the student's request).
- Department is requesting to dismiss student from program (please attach draft of termination letter to be sent to student; it is the department's responsibility to notify the student of termination in writing upon concurrence by the Associate Provost).

I hereby recommend the above-named student be terminated from the program for the following reason(s):

If the student is registered for coursework during the termination term, the student's registration will be dropped and there may be financial consequences. Please direct the student to the Office of Financial Aid and the Bursar's office for financial information.

Department Chair Signature

Date

Action of the Associate Provost

Associate Provost for Graduate Studies Signature

Date

Return this form to
Office of Graduate Studies
Mary Reed Building, room 5
2199 S. University Blvd. Denver, CO 80208
Phone 303-871-2706 | Fax 303-871-4942
gradservices@du.edu