



## Graduate Probation/Dismissal Recommendation Form

Student Name: \_\_\_\_\_ UCF NID: \_\_\_\_\_

Knights E-mail: \_\_\_\_\_

Program: \_\_\_\_\_ Adviser: \_\_\_\_\_

Action Recommended: ☐ Probation ☐ Remove from Probation ☐ Dismissal

Term Effective: \_\_\_\_\_

Please provide specific details regarding why the program is requesting this action and the steps taken prior to this action (i.e. due process). Please attach additional sheets if necessary:

☐ I certify that I have spoken with the student regarding this academic action.

Program Coordinator/Director Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program Coordinator/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved ☐ Not Approved

College of Graduate Studies Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

☐ Processed by CGS \_\_\_\_\_ ☐ Letter Sent to Student \_\_\_\_\_  
Date Date