



**Dismissal Recommendation Form**

Student Name: \_\_\_\_\_ UCFID: \_\_\_\_\_

Knights Email: \_\_\_\_\_

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

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 met with the student (either face-to-face or online using Zoom) to explain the reasons for 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