



## REMOVAL FROM THE GRADUATE FACULTY

---

---

TODAY'S DATE:

NAME:

ACADEMIC RANK:

COLLEGE INITIATING:

DEPT / SCHOOL INITIATING:

HOME COLLEGE:

SEMESTER REMOVAL EFFECTIVE:

---

---

**Signatures:**

Approved by Chair/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Dean: \_\_\_\_\_ Date: \_\_\_\_\_

---

---

**\*\*AFTER SIGNATURE APPROVAL BY APPROPRIATE DEAN, PLEASE DISTRIBUTE AS FOLLOWS: \*\***

*Original: To be retained by initiating College Graduate Office.*

*Send 1 Copy To: Home College Graduate Office.*

*Send 1 Copy To: Home Dept/School.*

*Send 1 Copy To: Division of Graduate Studies.*