North Carolina State University The Graduate School

TERMINATION OF GRADUATE STATUS

T 5 5			
From: Program Director: Director's name/Program	am name		
Student Information:			
Name:	ID Number:		
Degree/Program:	Major:		
Effective Date of Termination:	Registered:	yes	no
The effective date can not be in a semester or term in which the stu- has withdrawn or not registered. See http://www.ncsu.edu/grad/ha	udent is registered, it can only be in a andbook/sections/3.17-withdrawal.htm	semester or to	term in which the student wal policies.
Student must sign (or attach email) whenever	possible		
Signature/Date:			
Reason:			
Without Prejudice (student initiated). No marked "Terminated"	te: If student does not have	e a 3.0, tra	anscript will be
Low Grade Point Average			
Failed Preliminary or Final Examination	L		
Non-compliance with Continuous Registration	tration Policy		
Lack of satisfactory academic progress			
Other (provide additional information be	elow)		
Additional Explanation/Justification (or	indicate, if attached):		
	,		
DGP Signature/Date:			