



Undergraduate Academic Affairs
College of Humanities and Social Sciences

SUSPENSION OVERRIDE REQUEST

Name: _____

G#: _____

Address: _____

Mason email: _____
Official correspondence will be sent to this address.

City State Zip

Telephone: _____ Message? yes/no
if yes, we will leave a detailed message on voice mail

Major: _____

In a separate document please explain the circumstances that led up to being placed on suspension, and how they have been rectified. Note that any required documentation must be provided within 30 days of receipt of your request to the Undergraduate Academic Affairs Office. **After 30 days, the request will be filed without review.**

Semester of Return: Fall Spring Summer **Year** _____ Is this a first or second suspension? _____

Course Number and Title

of credits

New or Repeated

**Previous Grade
(if repeated)**

Alternate Course Number and Title

of credits

New or Repeated

**Previous Grade
(if repeated)**

Please work with your advisor to develop an appropriate schedule. An advisor signature is required prior to the Undergraduate Academic Affairs Office reviewing this request.
(Please keep in mind that suspension overrides are only allowed for up to 6 or 7 credits)

Advisor Signature

Date

Read and Sign: I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

Student's Signature

Date