



Notification of Program Dismissal Office of the Registrar

Student ID: _____ Student Name: _____

Department: _____ Degree Program: _____

Required for any dismissal during a semester/term:

Date of last attendance at an academic-related activity: ____/____/____ (per department chair)

Reason for dismissal:

This form MUST be submitted to the Registrar's Office simultaneous with notification to the student.

Official date of dismissal ____/____/____ Required for Title IV Federal Financial Aid

Department chair

Date

Vice President for Academic Affairs

Date

Student access to William James College's services, including, but not limited to: email, SSIG, Moodle, advisor, faculty, and library will be restricted effective the date of notification of dismissal, unless otherwise requested and approved.

Submit completed form to the Registrar's Office