

Notification of Program Dismissal

Office of the Registrar

Student Name: _____ Student #: _____

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 of Academic Affairs*_____
Date

Student access to William James College's services, including, but not limited to: email, CNS Student Portal, 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