



## REMOVAL FROM THE GRADUATE FACULTY

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TODAY'S DATE:

NAME:

ACADEMIC RANK:

COLLEGE INITIATING:

DEPT / SCHOOL INITIATING:

HOME COLLEGE:

SEMESTER REMOVAL EFFECTIVE:

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***Signatures:***

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

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

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

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