



REMOVAL FROM THE GRADUATE FACULTY

TODAY'S DATE:

NAME:

ACADEMIC RANK:

COLLEGE INITIATING:

DEPT / SCHOOL INITIATING:

HOME COLLEGE:

SEMESTER REMOVAL EFFECTIVE:

Signatures:

Approved by Chair/Director: _____ Date: _____

Approved by Dean: _____ Date: _____

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

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