Graduate College - Justification Waiver Request Form

- Admissions - Low Grade Point Average
- Degree Certification – Probation Extension

All requirements below must be completed before Justification Waiver Request will be considered. This form requires the signature of the student/applicant, the student’s Mentor or Advisor, and the Department Head or Director of Graduate Studies. (Electronic signatures are acceptable)

1.) Name of student/applicant: ____________________________________________

2.) Name of student’s Mentor/ Advisor: _____________________________________

3.) In no more than ½ a page, please explain the exceptional circumstances that motivate this waiver request. Waivers are only granted in truly exceptional situations.

4.) Provide a Mentoring Plan for this student (1-2 pages). The mentoring plan must include the following:
   a) Dates of obligatory student/faculty advisor meetings.
   b) A list of additional resources that the program will provide to help support this student’s success and the sources of funds to pay for those resources.
   c) A clear list of expectations and benchmarks for the student and program to judge the student’s satisfactory progress over the next two semesters.
   d) A clear list of consequences for the student if expectations and benchmarks are not met.
   e) Any additional remediation the student is expected to achieve in order to meet satisfactory academic progress in the next two semesters.

5.) Proposed Course List. List all the courses that this student will take in the next academic year and indicate the minimum grade the student must achieve to make satisfactory academic progress in the program. NOTE: The total graduate GPA for the student at the end of the next semester must be 3.0. If it is mathematically impossible for the student to achieve this GPA within one semester, then this petition will be denied.

<table>
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<tr>
<th>Semester 1:</th>
<th>Semester 2:</th>
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<tbody>
<tr>
<td><strong>Course Number</strong></td>
<td><strong>Minimum Grade</strong></td>
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6.) **Signatures of Agreement** (Electronic signatures or emails indicating agreement may be used)

*Faculty Advisor/mentor:* I have reviewed the mentoring plan and course list and agree to provide close guidance to this student and help them achieve satisfactory academic progress in our program. I will meet with them regularly and provide them with guidance and help as appropriate.

________________________________________
Signature                                           Printed Name                                           Date

*Student/Applicant:* I have reviewed this form, the mentoring plan, course list and the expectations my program has placed in front of me. I understand that if I fail to achieve a minimum 3.0 GPA or other benchmarks set for me by the program I may be placed on probation or disqualified from the University.

________________________________________
Signature                                           Printed Name                                           Date

*Department Head or DGS:* I have reviewed this form, the mentoring plan, course list for this student. I agree this plan provides the student with a reasonable and plausible plan for success in our graduate program. I agree to provide the additional resources required for this student’s success as detailed in the mentoring plan above.

________________________________________
Signature                                           Printed Name                                           Date

Return this form to the Graduate College Specialist or Auditor you received it from via email. The request will be subject to review by Dr. Maria Teresa Velez, Admissions or Dr. Dianne Horgan, Degree Certification.

2/25/13 ac