



Graduate Probation Recommendation with Conditions Form

Student Name: _____ UCFID: _____

Knights Email: _____

Program: _____ Adviser: _____

Term Effective: _____

Action Recommended: Probation Remove from Probation

Please provide specific details regarding why the program is requesting this action and the steps taken prior to this action (i.e. due process). Please attach additional sheets if necessary:

CONDITIONS REQUIRED BY THE GRADUATE PROGRAM IN ORDER FOR THE STUDENT TO BE RETAINED

Note: The department is responsible for monitoring the completion of these conditions.

By signing below, I have read & understand the terms of probation and associated conditions outlined above. I understand that if I am not able to meet all of the conditions specified above that I may be dismissed from the graduate program.

Student Signature _____ Date: _____

Program Coordinator/Director Name: _____ Phone Number: _____

Program Coordinator/Director Signature: _____ Date: _____

College of Graduate Studies Dean Signature: _____ Date: _____

Approved Not Approved

FOR OFFICIAL USE ONLY:

Processed by CGS _____ Letter Sent to Student _____
Date Date