

## Bachelor of Applied Science SUSPENSION OVERRIDE REQUEST

Name: \_\_\_\_\_

G#: \_\_\_\_\_

Address: \_\_\_\_\_

**Mason email:** \_\_\_\_\_

Official correspondence will be sent to this address.

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Message? yes no

if yes, we will leave a detailed message on voice mail

Major: \_\_\_\_\_

In a separate document please explain the circumstances that led up to being placed on suspension, and how they have been rectified. Note that any required documentation must be provided within 30 days of receipt of your request to the BAS Director.

**After 30 days, the request will be filed without review.**

**Semester of Return:** Fall    Spring    Summer    **Year** \_\_\_\_\_ **Is this a first or second suspension?** \_\_\_\_\_

**Course Number and Title**

**# of credits**

**New or Repeated**

**Previous Grade  
(if repeated)**

**Alternate Course Number and Title**

**# of credits**

**New or Repeated**

**Previous Grade  
(if repeated)**

Please work with your advisor to develop an appropriate schedule. An advisor signature is required prior to the BAS Director reviewing this request.

*(Please keep in mind that suspension overrides are only allowed for up to 6 or 7 credits)*

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**Read and Sign:** I understand that requests are not effective unless approved by the BAS Director. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date