

Continuing On-Campus Graduate Student Fall Exception Form

Student Information										
Last Name					First Name					
GWID					GW Email				@	gwmail.gwu.edu
SEAS Major/Field of study					Degree		M.S/MEng	□ Ph.D		
Department					Semester/Yea	r				
Instructions: 1. Complete all requests for information on this form 2. Attach all supporting documentation (e.g. relevant email correspondence, course syllabus. medical documentation) 3. Sign the form, have your Faculty Advisor and Department Chair review your form and complete the Section below 4. Submit this completed form to the Graduate Student Services and Advising office at seasgrad@gwu.edu. The Professional Advisor signature will be the last signature prior to processing. List the courses you will register for: Reason Code Continuing Student Visa Issue Combined 5-Year or BS/MS Student Continuing Student Other Issues Explanation (If additional space is needed, attach typed sheet):										
Required Signatures										
Student Signature				Roquileu	2.9.1414103				Date	
Professional Advis Signature	sor								Date	
Faculty Advisor D	Faculty Advisor Decision									
Faculty Advisor Si	ignature					Last Name			Date	
Submit to Student Services and Advising Office for Associate Dean's Review										
Dept. Chair Decis	ept. Chair Decision									
Dept. Chair Signa	ture					Last Name			Date	

For Advising Office Use Only

Submit forms to:

SEAS Student Services and Advising Science & Engineering Hall, Suite 2500 **Graduate**- seasgrad@gwu.edu