

Recommendation for Release of Academic Hold

Student Name: _____ UC Davis Student ID #: _____

Graduate Program Adviser: _____ Graduate Program: _____

Quarter for which hold was place: _____ E-mail: _____

Student's Signature: _____ Date: _____

Course Grades (to be completed by student):

<u>Department</u>	<u>Course #</u>	<u>Units</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Quarter GPA: _____ Cumulative GPA: _____

Status of any incomplete grade and/or "U" grades on student's record: _____

GRADUATE PROGRAM ADVISER RECOMMENDATION

I have: met with the above-named student. OR I have: NOT met with the above-named student.

I would like to make the following recommendation: Removal of Hold for next quarter OR Do NOT remove Hold

If you did not recommend release of Hold, please specify why and if you recommend disqualification from further graduate study:

Graduate Program Adviser's Signature: _____ Date: _____

Print Graduate Program Adviser's Name: _____

Graduate Program Adviser's Phone: _____ E-mail: _____

GRADUATE STUDIES SECTION

Action Taken: _____ Hold Released: _____ Hold Replaced: _____

Other: _____

Associate Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____