Recommendation for Release of Academic Hold

Student Name: ____________________________ Student ID #: ____________________________

E-mail: ____________________________ Graduate Program: ____________________________

Student’s Signature: ____________________________ Date: ____________________________

Graduate Program Advisor Recommendation
To be completed by the Graduate Advisor

Date of Advising Appointment with the Student: ____________________________

Recommendation: ☐ Release the hold  ☐ Do NOT release the hold*  ☐ Move the hold to (quarter): ____________________________

*If you do NOT recommend release of hold, please specify the reason and what course of action you do recommend in the space below or in an attached statement.

Graduate Advisor Signature: ____________________________ Date: ____________________________

Print Graduate Advisor Name: ____________________________

Student Advising Plan Outline
List discussed changes, strategies, goals, or timelines to achieve good standing (i.e. study or time management methods, development workshops or training, workload adjustment, etc.). May be filled by the student or the Graduate Advisor. Attach additional page if needed.

Graduate Studies Section

Hold Released: ☐ Yes  ☐ No  ☐ Hold Moved to (quarter): ____________________________

Associate Dean of Graduate Studies Signature: ____________________________ Date: ____________________________