

**USE THIS FORM WITH THE INTENTION OF INITIATING A PERMANENT
EXCLUSION**

Exclusion Notice

Student's Name: _____

Student's ID: _____

You are being temporarily excluded from the following class:

Department/subject	Course Number	Section Number
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In accordance with outlined standards of this course and University policies, this is a temporary exclusion which, **subject to my intention to file a complaint through the disciplinary process**, may result in your permanent exclusion from this class.

A copy of this notice, when sent to the Office of Student Affairs, will initiate an investigation of your violation of the Code of Student Conduct.

Name of Faculty/Instructor (Please Print): _____

Signature of Faculty/Instructor: _____

Date of Notification: _____

Copies of this Notice have been sent to:

- | | |
|--|---|
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> Associate Vice President for Student Affairs |
| <input type="checkbox"/> Department Chair/Head | <input type="checkbox"/> Vice President for Academic Affairs |
| <input type="checkbox"/> College Dean | |