

USE THIS FORM AS A FOLLOW-UP TO A VERBAL EXCLUSION

Retroactive Exclusion Notice

Student's Name: _____

Student's ID: _____

You were verbally excluded from the following class:

department/subject

course number

section

on _____.

Day

Date

For the following reason(s): (Describe in detail the disruption that substantiates the need for exclusion)

You are expected to comply with the outlined standards of this course and with all University policies. Any further violation could result in disciplinary action.

Name of Faculty/Instructor (Please Print): _____

Signature of Faculty/Instructor: _____

Date of Notification: _____

Copies of this Notice have been sent to:

- Dean of Students
- Associate Vice President for Student Affairs
- Department Chair/Head
- College Dean
- Vice President for Academic Affairs