



Academic Disqualification  
Graduate and Post-Baccalaureate Students

Student Name: \_\_\_\_\_ Student CSUB ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street # and Name City State Zip Code

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Best Contact Non-CSUB Email

Program: \_\_\_\_\_ Director's Name: \_\_\_\_\_

*To be completed by Graduate Program Director: (attach supporting documentation as needed)*

Program: \_\_\_\_\_ Term & Year: \_\_\_\_\_

Basis for Academic Disqualification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Required Signatures:* \_\_\_\_\_

School Dean of Graduate Program:  Recommend  Do Not Recommend

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Basis for Recommendation: \_\_\_\_\_  
\_\_\_\_\_

Office of Academic Programs:  Approved  Denied GSC: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Basis for Approval/Denial: \_\_\_\_\_

Approved by Council of Graduate Directors on 03/15/2022