



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

REQUEST TO ENROLL

Date: _____

DR. LAURA T. DAVID
Acting Dean, College of Science

Dear Dr. David,

I would like to request that I be allowed to enroll this _____ semester of academic year _____

to improve my academic standing (GWA of 1.75 for PhD students/GWA of 2.0 for MS students), as per the guidelines of the College of Science. Below are the reasons why I failed to meet the grade requirement:

_____.

I hope my request merits your kind consideration.

Respectfully yours,

_____ Signature over Printed Name	_____ Degree Program	_____ Student Number
Endorsed by: _____ Program Adviser		Recommending Approval: _____ Director / Program Coordinator
Recommending Approval: _____ GIL M. PENULIAR, PhD Associate Dean for Mentoring Academic Progress and Advancement		Approved: _____ LAURA T. DAVID, PhD Acting Dean, College of Science