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unr.edu

Name _____ NSHE ID _____

Signature _____ Date _____

*By signing above I agree to pay the \$60 Returning Student application fee that will be added to my account if I am readmitted to the University.

I request to be released from University Dismissal effective: Year _____ Fall Spring Summer

1. I have met with my academic advisor to develop the plan below, and I agree to follow it if my release is approved. Initial _____

2. I waive the right to review letters of support I have asked faculty/staff to submit on my behalf. Initial _____.

3. I have reviewed my transcript with my advisor to identify any academic action that could be taken to improve my prospects for graduation (grade replacement, improper withdrawal, academic renewal. etc.), and I agree to take Yes No any action promptly.

4. I have submitted forms/requests for academic action that are not currently reflected on my transcript/degree bit. Yes No

Major: _____ Major Advisor: _____

Current UNR grade point average: _____ Advisor Signature: _____

Total units attempted at UNR: _____ Total units earned at UNR: _____

Courses must satisfy specific Core, Major, or Minor requirements.

Reserved for A&R use only

| Term | Subject | Number | Title | Units | Anticipated Grade | Enrolled Y/N | Required Y/N |
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