

Request for Removal from Graduate Program and/or the Graduate Faculty

This form is submitted to <u>gsbs-forms@bcm.edu</u>.

| Name of Faculty Member: | | | |
|--|--|--|--|
| Email Address: | | | |
| Academic Rank: | | | |
| Department (primary appointment): | | | |
| Institution: | | | |
| Effective Date: | | | |
| | | | |
| | Remove from Graduate Program (single): Remove from Graduate Faculty and all graduate programs | | |
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| | | | |
| Reason for removal | | | ☐ Faculty member retired |
| from graduate faculty: Please mark all that apply | | | ☐ Faculty member left BCM; has BCM adjunct appointment ^{**} |
| | | | ☐ Faculty member left BCM; no BCM adjunct appointment |
| | | | ☐ Faculty member no longer training students |
| | | | ☐ Faculty member requested removal; reason unspecified |
| | | | ☐ Faculty member not participating in program |
| | | | ☐ Program Standing Committees |
| | | | ☐ Other (please explain): |
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| | | | |
| "BCM Adjunct Appointment Information: (if applicable) | | | Academic Rank: |
| | | | Dept/Center: |
| | | | Effective Date: |
| | | | |
| | | | |
| Graduate Program Director: Signature Date | | | |

Rev: 5/1/2024