



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

This form is submitted to the GSBS Deans Office – Melinda.Hernandez@bcm.edu

Name of Faculty Member:
Email Address:
Academic Rank:
Department (primary appointment):
Institution:
Effective Date:

<input type="checkbox"/>	Remove from Graduate Program (single):
<input type="checkbox"/>	Remove from Graduate Faculty and all graduate programs

<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <p>Reason for removal from graduate faculty:</p> <p><i>Please mark all that apply</i></p> </div> <div style="width: 60%;"> <ul style="list-style-type: none"> <input type="checkbox"/> Faculty member retired <input type="checkbox"/> Faculty member left BCM; has BCM adjunct appointment^{##} <input type="checkbox"/> Faculty member left BCM; no BCM adjunct appointment <input type="checkbox"/> Faculty member no longer training students <input type="checkbox"/> Faculty member requested removal; reason unspecified <input type="checkbox"/> Faculty member not participating in program <input type="checkbox"/> Program Standing Committees <input type="checkbox"/> Other (please explain): </div> </div>

^{##} BCM Adjunct Appointment Information: <i>(if applicable)</i>	Academic Rank: _____ Dept/Center: _____ Effective Date: _____
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Graduate Program Director: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <i>Signature</i> <i>Date</i> </div>
