



Academic Notice
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 the Graduate Program Director: (attach supporting documentation as needed)

Program: _____ Term & Year: _____

Basis for Academic Probation: _____

Plan for Improvement with Timeline: _____

Director Signature: _____ Date: _____

Required Signature:

Office of Academic Programs: Approved Denied GSC:

Authorized Signature: _____ Date: _____

Basis for Approval/Denial: _____

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