



APPLICATION FOR APPROVED DELAY OF PROGRESSION

Program/Track:      BS      AAS

Student Name: \_\_\_\_\_ UAA Student ID #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Phone #s Home: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work: \_\_\_\_\_

*Part I - To be completed by student requesting a Delay of Progression:*

I will not be registered during the semester(s) indicated:      Fall 20\_\_\_\_, Spring 20\_\_\_\_, Summer 20\_\_\_\_

I will return to my studies:      Fall 20\_\_\_\_, Spring 20\_\_\_\_, Summer 20\_\_\_\_

For the following reasons, I request a Delay of Progression from the BS Program.  
(Use an additional sheet of paper if more space is required and attach it to this form prior to meeting with your advisor.)

*I understand that when taking a Delay of Progression, there is no guarantee about when I will be able to resume my coursework. I understand that I will be returning to individual courses on a space-available basis. Knowing this, I request a Delay of Progression.*

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

*Part II - To be completed by the student's academic advisor:*

In what courses will the student request to re-enter?

Summarize the reasons for support or nonsupport of DOP:

Recommend approval of DOP?  Yes  No

\_\_\_\_\_

Advisor Signature

\_\_\_\_\_

Date

*Part III - To be completed by Program Chair:*

Recommend approval of DOP?  Yes  No

If no, specify reason(s):

\_\_\_\_\_

Program Chair

\_\_\_\_\_

Date

*Part IV - To be completed by Admissions, Retention and Progression Chair:*

Recommend approval of DOP?  Yes  No (Vote of Admissions, Retention and Progression Committee)

If no, specify reason(s):

\_\_\_\_\_

Admissions, Retention and Progression Chair

\_\_\_\_\_

Date