

This form must be submitted to your academic unit and the Graduate College along with supporting military documents.

Section A (To be completed by the Student):

NAME (LAST, FIRST, MIDDLE)	10 DIGIT ASU AFFILIATE ID#	PHONE	DATE
LOCAL ADDRESS	EMAIL		
CITY, STATE, ZIP	DEGREE (Doctoral, Masters, PhD, MA, MS)		
MAJOR OR SPECIALIZATION			
REQUEST JUSTIFICATION:			

Section B (To be signed by Director of Academic Unit & Student):

In consultation with the student and committee, we have determined that this student should be granted continuous enrollment.

NAME AND SIGNATURE OF DIRECTOR OF ACADEMIC UNIT	DATE
NAME AND SIGNATURE OF STUDENT	DATE

Submission Instructions: Please scan and electronically send the form to grad-gps@asu.edu OR the student may hand-deliver the signed form to the Graduate College, Interdisciplinary B-Room 288 (Tempe Campus). Please ensure the graduate support staff receives a copy for departmental records.