

**GRADUATE SCHOOL OF MANAGEMENT
GRADUATE STANDING CONTINUATION FORM**

Name: Last, First _____ MUID: _____

Department: _____ Human Resources MBA

U.S. Citizen Visa and Type _____

Fall Spring Summer Year: _____

Academic activity that I will be engaged in to justify my continued status as an active student:

Student signature _____ Date _____

Note: Student is responsible for registering for this course prior to the close of Open Registration

PART II: TO BE COMPLETED BY YOUR ADVISOR (before submitting form to the GSM for processing)

Signature of Advisor _____ Date _____

PART III: To be completed by the Graduate School of Management

Graduate School of Management: Approved Denied

Permission Number _____

Date _____