



UNIVERSITY OF WISCONSIN-PARKSIDE

EXECUTIVE ACTION

STUDENT:

Last Name	First Name	Initial	Number
Address			Phone
City	State		Zip Code
YEAR: _____	SEMESTER: _____		

To: STUDENT RECORDS

The following action is to be recorded on the above student's official academic record:

The Student's Degree Summary may be affected. _____ Yes _____ No

SIGNATURES: (as required, see AAH 4.7)

Faculty Member _____	Date _____
Department Chair _____	Date _____
Dean _____	Date _____

- DISTRIBUTION:**
 Student Records
 Student
 Academic Department
 Dean's office

FOR STUDENT RECORDS OFFICE USE ONLY:
 _____ NOTE added _____ Record updated