**GRADUATE STUDENT SPECIAL PROBLEM ROUTING SLIP**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: MAGDEV

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|  | DATE SUBMITTED IN GRADUATE SCHOOL | NAME AND SIGNATURE OF GAC  | DATE REVIEWED | REMARKS |
| 1st Review |  |  |  |  |
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| 2nd Review |  |  |  |  |
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| 3rd Review |  |  |  |  |
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| 4th Review |  |  |  |  |
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Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate School Receiving/Reviewing Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved for Graduate School Dean’s Review:

 Date Signed: