



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

**Institution of Higher Learning Dismissal Form**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Institution of Last Attendance: \_\_\_\_\_

Name of Institution Where You Were Dismissed: \_\_\_\_\_

Reason(s) for Dismissal:      Academic      Disciplinary      Other: \_\_\_\_\_

Provide a brief explanation regarding your dismissal:

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