



SCHOOL OF GRADUATE, ADULT AND EXTENDED STUDIES

1200 North DuPont Highway, Dover, DE 19901

Email: gradmatriculation@desu.edu

**APPLICATION FOR CHANGE FROM
CONDITIONAL TO UNCONDITIONAL ADMISSION**

TO: Dean, School of Graduate, Adult and Extended Studies

FROM:

Student's Name: _____

D#:

Student's Email: _____

Date:

I was admitted **conditionally** to the

Program Name:

for **Semester:** _____ **Year:**

Having met the conditions of my provisional admission, I respectfully request that my status be changed from **conditional** to **unconditional**.

Course Information

| Course Number | Course Title | Grade | Credit Hours | Semester Completed | Office Use Only |
|---------------|--------------|-------|--------------|--------------------|-----------------|
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Other Conditions:

GPA: _____ **GMAT Score:** _____ **GRE Score:** _____ **MAT Score:** _____

*Attach copies of the required documentation here. Original documents must be submitted to the **Office of Admissions**.



Student Signature **Date:** _____

Program Director Signature **Date:** _____

Dean, School of Graduate, Adult, and Extended Studies (or Designee) Signature **Date:** _____