DELWARE STATE UNIVERSITY
OFFICE OF GRADUATE STUDIES AND RESEARCH

APPLICATION FOR CHANGE FROM PROVISIONAL
TO UNCONDITIONAL ADMISSION

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

FROM: ____________________________________________  D #

DATE: __________________ STUDENT’S EMAIL: ________________________________

I was admitted provisionally to the ____________________________ for ____________, ____________.

Program Name Semester Year

Having met the following conditions, I now request that my provisional status be changed to unconditional:

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<th>Course Number</th>
<th>Course Title</th>
<th>Grade</th>
<th>Credit Hours</th>
<th>Semester Completed</th>
<th>Office Use Only</th>
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Other conditions:

GPA* _______ GMAT Score* _______ GRE Score* _______ MAT Score* _______

*Attach a copy of the necessary documentation here . The originals must be submitted to the Office of Admissions.

Student’s Signature Date

Program Director Signature Date

Dean, School of Graduate, Adult and Extended Studies or Designee Signature Date