

DELAWARE 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: _____
Student's Name 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:

| 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 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