

DELAWARE STATE UNIVERSITY
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 (please type or print) 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

Other conditions:

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

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

Student's Signature **Date**

Program Director **Date**

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

Cc: Office of Financial Aid
Registrar's Office