

DELAWARE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH

APPLICATION FOR CHANGE FROM PROVISIONAL
TO UNCONDITIONAL ADMISSION

TO: Dean, School of Graduate Studies and Research

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 Studies and Research or Designee Date

**Cc: Office of Financial Aid
Registrar's Office**