

APPLICATION FOR RECLASSIFICATION TO FULL STANDING

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

Name		T No	
Degree:	Major:		
College:	Department:		

Request for student to be reclassified from provisional standing to full standing. The student has satisfied the requirements specified by the College/Department at the time of admissions or upon departmental review.

APPROVED BY:

Departmental Chairperson

College Dean/Director for Doctoral Programs

College of Graduate Studies Designee

Date

Date

Date