

APPLICATION FOR RECLASSIFICATION TO FULL STANDING (PH.D. STUDENTS)

Name _____ Social Security No. _____
 Last First Middle

Address _____
 Street City State Zip

I hereby request reclassification to full standing in the Graduate School.

I have met the special conditions stated on my Certificate of Admission as follows:

GRE Verbal _____ Quantitative _____ Analytical _____

Courses in my major field

Course No.	Title	Sem. Hrs.	Credit	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Courses

Course No.	Title	Sem. Hrs.	Credit	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Student

APPROVED BY:

Departmental Chairperson Date

Associate Dean/Director for Doctoral Programs Date

Dean of Graduate Studies Date