North Dakota State University
The Graduate School

Change of Admission Status

Date: _____

Student Name: _____ Student ID #: _____

Department/Program: _____

Admitted: with Conditional status

_____ _____
(term) (year)

Reason for status change:

____ Has met GPA requirements
Student has taken ____ (Credits) of graduate work with a GPA of ____

____ Completed required exam
Please circle: GRE GMAT TOEFL

____ Completed required undergraduate courses.

____ Other: _____

Recommendation:

_____Full-Standing Status

_____ _____
Adviser Department Chair/Program Director

NDSU
The Graduate School
If you have questions, contact
The Graduate School
701-231-7033 or
ndsu.grad.school@ndsu.edu

APPROVED

_____ _____
Graduate Dean **Date**

The Graduate School will send copies to: Student, Adviser, Program Administrator.