



REEVALUATION OF ADMISSION CREDENTIALS

Student Name:

Student ID:

Current Address:

Email:

Phone:

Degree/Program:

To the department, please reevaluate the credentials of the above named student.

Based on the evaluation, a change in status is recommended as indicated below:

FROM

Graduate Regular
Conditional
Certification/Non-Degree
Rejection

TO

Graduate Regular
Conditional
Certification/Non-Degree
Rejection

Please use the space below to explain reason for recommendation:

Recommended by:

Advisor/Coordinator Name:

Signature & Date:

Approved by:

Department Head:

Signature & Date:

Academic Dean:

Signature & Date:

Graduate School Dean:

Signature & Date: