

FORMAL ADMISSION TO A DEPARTMENT

DEPARTMENT HEAD: Please complete this form for each student who is admitted to pursue graduate studies in your department. This form should be executed immediately after the admission decision is made.

Name of Student _____ Soc. Sec. No. _____

Address _____

Department _____

ADMISSION STATUS (Check):

_____ Admitted as a regular degree-seeking student

_____ Non-Thesis Option

_____ Thesis Option

_____ Dissertation

_____ Admitted as a conditional degree-seeking student
(Specify conditions student must meet to move from Conditional to Regular in comments below)

_____ Admitted as a non-degree student, seeking

_____ Certification

Major _____ Concentration _____

Name of Advisor _____

Comments (if any):

APPROVED:

Advisor Date

Department Head Date

College Dean Date

Dean, School of Graduate Studies Date