



**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Dean/Director for Doctoral Programs

\_\_\_\_\_  
Date

\_\_\_\_\_  
College of Graduate Studies Designee

\_\_\_\_\_  
Date