



UNIVERSITY of DENVER

OFFICE OF RESEARCH AND GRADUATE EDUCATION

Return this form to
Office of Graduate Education
Mary Reed Building, Room 5
2199 S. University Blvd. Denver, CO 80208
Phone 303-871-2706 | Fax 303-871-4942
gradservices@du.edu

Change of Status Request

Name: \_\_\_\_\_ DU ID Number: \_\_\_\_\_

Department/Major: \_\_\_\_\_ Degree : \_\_\_\_\_

The above-named student was admitted for the 2016-2017 academic year or prior and has satisfied the conditions involved in the "provisional" admission. The department recommends that the student's status be changed to "REGULAR."

Please list every provision or academic deficiency and the date each was completed:

Table with 2 columns: Provision/Deficiency, Date Completed. Contains 5 rows for listing provisions.

Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Provost: \_\_\_\_\_ Date: \_\_\_\_\_