

## 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:

_____	Date Completed: _____
_____	Date Completed: _____
_____	Date Completed: _____
_____	Date Completed: _____
_____	Date Completed: _____

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

Associate Provost: \_\_\_\_\_ Date: \_\_\_\_\_