

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: _____