

Request for Change from Provisional to Regular or Restricted Status – G4

FROM: _____ Date _____
 Department TO: Graduate School – GradSchoolForms@umsl.edu
 Click SUBMIT button below, after form has been completed and signed.

RE: _____ International Student?
 Student Name Student Number YES NO

The following outstanding items in this student's application file have now been received:

- Letter of Recommendation from _____
- Letter of Recommendation from _____
- Letter of Recommendation from _____
- GRE Aptitude Test Scores
- | | <u>Score</u> | <u>%</u> | Test date: _____ |
|------------------------------------|--------------|----------|------------------|
| <input type="radio"/> Verbal | _____ | _____ | |
| <input type="radio"/> Quantitative | _____ | _____ | |
| <input type="radio"/> Analytical | _____ | _____ | |
- GRE Advanced Score _____ Test date: _____
- GMAT _____ Test date: _____
- | | | | |
|------------------------------------|-------|-------|--|
| <input type="radio"/> Composite | _____ | _____ | |
| <input type="radio"/> Verbal | _____ | _____ | |
| <input type="radio"/> Quantitative | _____ | _____ | |
- TOEFL _____ Test date: _____

ACTION: (02) ADMIT

(10) DENY: U.G. RECORD TEST SCORES NO SPACE NO MENTOR

OTHER (SPECIFY) _____

MATRICULATED STUDENT: LEVEL: (6) MASTER'S (8) DOCTORAL

LEVEL MODIFIER: REGULAR

(K) RESTRICTED WITH THE CONDITION: _____

NON-MATRICULATED STUDENT

- (9260) GRADUATE CERTIFICATE: _____
- (921410) EDUCATION CERTIFICATION
- (926017) NURSING CERTIFICATION

After Department signature, hit SUBMIT to
 email form to GradSchoolForms@umsl.edu

 Department Signature and Date

 Graduate Dean Signature and Date