



REMOVAL OF PROVISIONAL ADMISSION QUALIFIER

Name: _____
Last Frist Middle Initial

G Nnumber: _____

Degree or Certificate Program: _____

The student listed above met the requirements outlined on their provisional contract on

_____.

Please change this student's status to Graduate.

Program Approval Date: _____

Associate Dean Approval Date: _____

Return to the Office of the Registrar
MS 3D1
Fax (703) 993-4668