



TUSKEGEE UNIVERSITY

The Graduate School

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Change of Conditional to Regular Status

Student Name:		TU ID #
Major:	Concentration:	
Local Address:	Permanent Address:	
Phone number:		
Enrollment date:	Email:	

To: The Dean of Graduate School:

We certify that this graduate student has met all requirements to transfer from conditional to regular status.

List the condition(s) the student met to transfer to regular status.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Submitted the GRE | <input type="checkbox"/> Not Required |
| <input type="checkbox"/> Raised GPA to 3.0 | <input type="checkbox"/> Not Required |
| <input type="checkbox"/> Completed the Pre-requisites | <input type="checkbox"/> Not Required |

Names (Print)	Date	Please type your name in the signature block provided for signatures. If you do not have an electronic signature
Major Professor		
Dept. Head/Director		
Dean of Graduate School & Vice-President for Research		
Remarks:		
Distribution: Student, Major Professor/Program Director/Head/Dean/Registrar/Graduate School		