



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 the 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.

- | | | |
|--|---------------------------------------|--------------------------------|
| ☐ Submitted or the GRE raised. | ☐ Not Required | ☐ Other |
| ☐ Raised GPA to 3.00 | ☐ Not Required | <div>Explain:</div> |
| ☐ Completed the Pre-requisites. | ☐ Not Required | |

Please print your name by your title below	Date	Please type your name in the signature block provided for signatures. If you do not have an electronic signature
Major Professor		
Department Head/Director		
Dean of the Graduate School		
Remarks:		
Distribution: Student, Major Professor/Program Director/Head/Dean/Registrar/Graduate School		