



Graduate School
Evaluation and Recommendation for Admission - Without Financial Assistance

Applicant Name _____ Student ID (EMPL ID) _____
Graduate Program _____ Degree Sought _____

The department recommends the following action:

- | | |
|---|---|
| <input type="checkbox"/> Admit – Approved Status | <input type="checkbox"/> Do Not Admit |
| <input type="checkbox"/> Admit – Qualified Status | <input type="checkbox"/> Applicant Withdrew/Declined Offer of Admission |
| <input type="checkbox"/> Admit – Provisional Status | |
| <input type="checkbox"/> Admit – Deferred Status | |

Admitted for Term: _____

The department makes NO recommendation for financial assistance.

To help you better plan your graduate studies; the department provides the following contact information:

Director _____ Phone _____ E-Mail Address _____

Temporary Advisor _____ Phone _____ E-Mail Address _____

**Authorized Signatures
for Approval:**

Printed Name of Graduate Chair or Director _____ Date _____

Signature of Graduate Chair or Director _____ Date _____

Graduate School Dean _____ Date _____

