



REMOVAL OF PROVISIONAL ADMISSION QUALIFIER

Name _____
Last First Middle Initial

GNumber _____

Degree or Certificate Program _____

The student listed above met the requirements outlined on his/her provisional contract on
_____.

Please change this student's status to Graduate.

Departmental Approval

Date _____

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