

Name: (Last, First, M.I.)		HP ID / Student ID				
Program Code	Degree	Semester/Year				
ADMISSIONS COMMITTEE RECOMMENDATION						
ADMIT Full Status						
ADMIT Provisionally (Ind	licate Provisions):					
DENY – CHECK ALL THA	AT APPLY					
Low Grades		Goals Inconsistent with Program				
Low Test Scores		Positions Filled				
Inadequate Pre-requisit	es	Not Competitive with Program Applicant Pool				
Weak Recommendation	าร	Incomplete Application				
Weak Statement of Pur	pose	Weak Interview				
Inadequate TOEFL/Lan	guage Proficiency	Other:				

APPLICATION WITHDRAW – APPLICANT WITHDREW APPLICATION WHILE STILL PENDING

Signature type and sign					
Graduate Program Director:	Signature:	Date:			

## ASSISTANTSHIP AWARD

Type of award \_\_\_\_\_ Amount \_\_\_\_ Duration \_\_\_\_

## Forward this form to the Graduate School, 2<sup>nd</sup> floor in the Admin Building, or fax to x51917 GRADUATE ADMISSION USE ONLY

Letter #:	Provision #:	Input Code:	Date:	Staff:				
		F						
On a sist has transferre				<u> </u>				
Special Instructions	3:							
Deviced 02/06/07				4024	026			

Revised 02/06/07