

For Admissions Staff Only		
CODE	RES	TERM

All Information Must Be Typed

Student's Name: _____ Z Number: _____
First MI Last

Doctorate Specialist Master Combined Program/Advance Standing Expected Term of Enrollment: _____

Major: _____ College: _____ Department: _____

GPA: _____ GRE/GMAT: _____ TOEFL: _____

I. Decision:

- | | |
|---|--|
| <input type="checkbox"/> Denied | <input type="checkbox"/> Conditionally Accepted (Indicate condition(s) or stipulations in the box below) |
| <input type="checkbox"/> No Decision (Incomplete Supplemental Docs.) | <input type="checkbox"/> PAR Conditional Accepted (Indicate condition(s) or stipulations in the box below) |
| <input type="checkbox"/> Fully Accepted (No conditions or stipulations) | <input type="checkbox"/> Conditions Met; Updated to Fully Accepted |

Admission Decision Based on a Request to Waive a University Requirement:

- | | |
|---|--|
| <input type="checkbox"/> Waive GRE (No Score, Low Score, Old Score) | <input type="checkbox"/> Waive GMAT (No Score, Low Score, Old Score) |
| <input type="checkbox"/> Waive Low GPA | <input type="checkbox"/> Waive GRE (or GMAT) and Low GPA |
| <input type="checkbox"/> Other (Submit Form 10 with this form): _____ | |

II. Financial Assistance: *This form may be submitted prior making a decision regarding financial assistance. Please note, the information requested below is necessary to complete the I-20 for international students.*

- Not Offered
- Undecided or Unknown: *Please provide the Graduate College with the financial assistance information once a decision has been made by email (include student's full name and Z number). It is not necessary to resubmit this form.*
- Financial Assistance Offered

Assistantship: \$ _____	Funding Source(s): _____	Is this a Teaching Assistantship?
Tuition Benefits: \$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: \$ _____	_____	

Is the financial report support available in the summer? Yes No Is the financial support renewable? Yes No

Graduate Program Chair or Department Chair (Please Type) _____ Date _____