

**UNIVERSITY OF SOUTH ALABAMA
GRADUATE SCHOOL
RECOMMENDATION FOR CHANGE OF STATUS-PROVISIONAL TO REGULAR**

Name _____ J00 _____
Student Number Effective Semester

Street Address: _____
City State Zip

E-mail Address: _____

Admitted to USA Graduate School: _____
Term Year Major Field

Reason for **PROVISIONAL** status: _____ Recommendation for **REGULAR** status based on: _____

Courses approved for Change of Status: **Note: Student "term of entry" starting Fall 2009 may not use any 400 or below course work towards a graduate degree.**

Course #	Course Title	Cr. Hrs.(Sem.)	Semester/Year	Grade

Courses **NOT** approved for Change of Status:

Number of hours accepted toward Change of Status: _____

Recommended:

Advisor: _____ Date: _____

Department Chair: _____ Date: _____

Director of Graduate Studies: _____ Date: _____

Approved:

Dean of the Graduate School: _____ Date: _____

Final Distribution: Registrar (original), Graduate Dean, Graduate Director, Department Chair