



**EASTERN KENTUCKY UNIVERSITY**

Office of Graduate Education & Research  
 SSB 310 CPO 68  
 www.gradschool.eku.edu

Graduate School Use Only New Catalog Year: _____ Processed: _____
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**CONTINUED ADMISSION RECOMMENDATION FORM**  
**For continuing admission in a program**

**To be completed by student:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

**I am requesting to:**

- Continue admission in my current program     Continue admission in a different program within my department

**To be completed by Graduate Coordinator:**

Program/Degree: _____	Assigned Advisor: _____
Term to be Readmitted: _____	Anticipated Date of Graduation: _____
Total Hours Completed: _____	Hours Outstanding: _____
Date of Last Class Taken: _____	Cum. GPA: _____

**A. For Continuation of Admission in Current Program:** To continue a student's admission in their current program if they have sat out. Graduate School Policy requires any student who has not been enrolled within the last two years to be readmitted to their program.

Student is permitted to continue admission in program listed above:     Yes     No

**B. For Continuing Admission in a Different Program within Current Department:** To continue a student's admission to a different program within their department (i.e. a master's student, upon completion of his/her degree, continuing on to pursue a Rank or Certification).

Graduate Coordinator: \_\_\_\_\_ requesting     CLEAR    or     PROVISIONAL

for admission to: \_\_\_\_\_

(Program/Degree/Certification)

**If student is a PROVISIONAL admit please indicate pending requirements:**

Official transcripts with final degree (For change from Masters to Certification/Rank)

Official Test Scores: GRE \_\_\_\_\_ MAT \_\_\_\_\_ GMAT \_\_\_\_\_ (For change from Certification to Masters)

Will the student complete his/her current program?     YES     NO

_____	_____
(Student Signature)	(Graduate Coordinator Signature)
_____	_____
(Date)	(Date)
_____	
(Print Coordinator Name)	

