

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE  
Office of Admissions and Records, Graduate Evaluation Services

REQUEST FOR CLASSIFICATION

NAME OF STUDENT: \_\_\_\_\_ ID NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Below are the conditions for classification as stated on the student's  
Evaluation of Graduate Application for Admission (AR 1295) or Change of  
Objective (AR 1755):

1. Semester formally admitted to program Date Completed: \_\_\_\_\_
2. GRE or MAT (If required) - U.GPA = ( ) Date Completed: \_\_\_\_\_
3. GRE Advanced (If required) \_\_\_\_\_ Date Completed: \_\_\_\_\_
4. Upper Division Writing Proficiency Test Date Completed: \_\_\_\_\_
5. Bachelor's Degree Date Completed: \_\_\_\_\_
- Other: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
\_\_\_\_\_ Date Completed: \_\_\_\_\_

I have reviewed the above student's record and recommend fully Classified  
Status. I have indicated the DATES the above conditions were completed.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Graduate Coordinator)

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(Office of Graduate Evaluations Use Only)

☐ APPROVED: STUDENT FORMALLY CLASSIFIED \_\_\_\_\_  
(Semester)

Student please note: To advance to Approved Candidacy Status, you MUST  
FILE A FORMAL MASTER'S PROGRAM through your Department. Please see your  
Department Graduate Advisor regarding this matter.

\_\_\_\_\_  
(Graduate Evaluation Services) (Date)

☐ RETURNED WITHOUT ACTION (Please resubmit when the following matters have  
been clarified):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Graduate Evaluation Services) (Date)

White: Admissions and Records  
Yellow: Student  
Pink: Department