

University of Maryland Graduate School, Baltimore

ADMISSIONS DECISION SHEET

Name: *(Last, First, M.I.)* _____

Social Security Number _____

Program Code _____

Degree _____

Semester/Year _____

ADMISSIONS COMMITTEE RECOMMENDATION

ADMIT Full Status

ADMIT Provisionally (Indicate Provisions):

DENY – CHECK ALL THAT APPLY

Low Grades

Goals Inconsistent with Program

Low Test Scores

Positions Filled

Inadequate Pre-requisites

Not Competitive with Program Applicant Pool

Weak Recommendations

Incomplete Application

Weak Statement of Purpose

Weak Interview

Inadequate TOEFL/Language 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, 2nd floor in the Admin Building, or fax to x51917

GRADUATE ADMISSION USE ONLY

Letter #:	Provision #:	Input Code:	Date:	Staff:

Special Instructions: