

**Graduate School
Declaration of Admission Status**



TO: The Office of Graduate Education
Campus Box 943
Elizabeth City State University
1704 Weeksville Road
Elizabeth City, NC 27909

FROM: _____

The following student, _____ has applied for admission to the Master's Degree Program in _____ and has;

- (1) Been Accepted unconditionally: ()
- (2) Been Accepted conditionally: for the following reason: ()
- (3) Been Accepted in a special category for the following reason: ()
- (4) Has not been accepted for the following reason. ()

Signature

Date