



WICHITA STATE
UNIVERSITY
GRADUATE SCHOOL

Conditions Clearing Form

This is notification that the following student has satisfied the conditions of their graduate admission as indicated:

Student's Name _____

Student's *myWSU* ID number _____

Change Effective for Semester and Year _____

Conditions satisfied by _____

Recommended by _____ Date _____
 Graduate Coordinator or Department Chair

Graduate School Use Only

___ Concur Major Code _____ Status _____ Sem/Yr _____

___ Do Not Concur

Comments _____

Graduate School _____ Date _____