Departmental Recommendation for Acceptance for Graduate Admission

Graduate Admissions
Kutztown University
Kutztown P.O. Box 730, PA 19530
Email:graduate@kutztown.edu
Phone: 610-683-4200
Fax: 610-683-1393

(PLEASE FAX RESULTS TO THE GRADUATE OFFICE UPON COMPLETION)

Name:			Semester Applying for:
Major:		Undergraduate QPA:	Graduate QPA If applicable:
Data Required:	**Scores:**		
GRE: ☐ GMAT ☐ Other ☐	Verbal:	Quantitative:	Analytical Writing:
TOEFL: ☐	TOEFL score:		
PRAXIS II and Teaching Certificate: ☐			
Master Degree: ☐			

Department Recommendation: The Department has reviewed this application. We recommend the following action:

☐ Be given **regular** admission **Advisor's Name**:

☐ Be given **conditional** admission with the following conditions: *(Please use reverse side for additional comments.)*

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☐ Be **denied** admission at this time for the following reasons: *(Please use reverse side for additional comments.)*

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Chairperson/Program Coordinator Signature & Date: _____/_____/_____

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