For Office Use Only:

_____ ® _____ _____ _____

AUGSBURG COLLEGE
CB312
2211 Riverside Ave
Minneapolis MN 55454

Education Department Change of Status

Please Print

Name _____ Student ID _____

Address _____ Home Phone _____

City, State _____ Zip _____ Work Phone _____

Email Address _____

Please change my status from conditional to full MAE admit effective:

Year: _____

Term: Fall ____ Winter ____ Spring ____ Summer _____

_____ _____

Student Signature/ Date

****

FOR OFFICE USE ONLY

Action: Approved Denied

_____

Education Department Signature *Date*