

REGISTRATION RELEASE

TO: CSB/SJU Office of Academic Advising

FROM: Department Chairperson: _____

DATE: _____

RE: Student Name: _____

Major: _____

Banner I.D. # _____

_____ The above-named student is a candidate for acceptance to a major in this department. I recommend that this student be permitted to register for the next semester.

_____ The above-named student has not successfully completed the requirements for acceptance to a major in this department. At this time I do not recommend that (s)he register for upper division courses in this department. This student must meet with an Academic Advisor before being able to proceed with registration.

COMMENTS:

By endorsing this form, both chair and student acknowledge Release of Registration DOES NOT complete the Application To A Major Process:

Student Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

**Please return this signed form to Jeanne Terres,
CSB Office of Academic Advising, ASB 210, or the SJU Office of
Academic Advising, Quad 155A.**