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.

jmt (revised 9/16)