



**FOR OFFICE USE ONLY**

Counselor Comments: \_\_\_\_\_  
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Registrar Comments: \_\_\_\_\_  
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D.U.S. Comments: \_\_\_\_\_  
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<b>Action:</b> <input type="checkbox"/> To Department Director of Undergraduate Studies to Evaluate <input type="checkbox"/> To Registrar/Assistant Registrar to Evaluate <input type="checkbox"/> To Committee on Academic Status: Appointment Date/Time: _____	
Registrar Action: <input type="radio"/> Approve <input type="radio"/> Deny Signature _____ Title _____ Date _____ <input type="radio"/> PeopleSoft	DUS Action: <input type="radio"/> Approve <input type="radio"/> Deny Signature _____ Title _____ Date _____
CAS Action: : <input type="radio"/> Grant <input type="radio"/> Deny Date _____	