

FOR OFFICE USE ONLY

Counselor Comments: _____

Registrar Comments: _____

D.U.S. Comments: _____

Action: _____ To Department Director of Undergraduate Studies to Evaluate
_____ To Registrar/Assistant Registrar to Evaluate
_____ 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 _____	