

## MAJOR ACCEPTANCE FORM

You must take this completed application form **and your transcript** in person to the Chairperson of the Department in which you plan to major by the date specified in the accompanying letter.

**PLEASE PRINT ALL INFORMATION**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Banner ID \_\_\_\_\_ Expected Graduation: \_\_\_\_\_ CSB PO Box \_\_\_\_\_ SJU PO Box \_\_\_\_\_

Please consult the List of Approved Majors in the current CSB/SJU Catalog. If you are applying for two majors, you must fill out a separate application for each major. **If you are applying for an Individualized Major you must also complete an Individualized Major form.** Special forms are available from the Registrar or at [www.csbsju.edu/registrar/Forms/INDIVMAJ.pdf](http://www.csbsju.edu/registrar/Forms/INDIVMAJ.pdf).

**\*\*Note: all lines must be complete. Write none if line is not applicable.**

**Check One:**     Bachelor of Arts     Bachelor of Science (Nursing Majors Only)

1<sup>st</sup> MAJOR \_\_\_\_\_ DEPT/CONCENTRATION \_\_\_\_\_

SECOND MAJOR \_\_\_\_\_ DEPT/CONCENTRATION \_\_\_\_\_

PRE-PROFESSIONAL PROGRAM IF APPLICABLE \_\_\_\_\_

INTENDED MINOR \_\_\_\_\_

DROP THE FOLLOWING MAJOR \_\_\_\_\_ DROP THE FOLLOWING MINOR \_\_\_\_\_

CURRENT ACADEMIC ADVISOR \_\_\_\_\_

**\*\*\* THIS SECTION IS FOR USE OF THE DEPARTMENT CHAIRPERSON ONLY \*\*\***

The Application for Acceptance to a Major of the student named above has been reviewed and accepted as of this date. Enter any conditions stipulated and the date by which they should be met clearly below. Return the completed form to the Registrar's Office.

\_\_\_\_\_ ACCEPT (without conditions)

\_\_\_\_\_ ACCEPT WITH CONDITIONS (student's acceptance is pending until conditions below are met)

Conditions: \_\_\_\_\_

To be fulfilled by: (in no case later than November 1 of the student's junior year) \_\_\_\_\_

\_\_\_\_\_ REJECTED or \_\_\_\_\_ REJECTED AT THIS TIME (you may reapply at a later date)

Please list the name of the member of the department who will serve as this candidate's major advisor. \_\_\_\_\_

Chair Signature for **1<sup>st</sup> Major** Indicated Above: \_\_\_\_\_ Date: \_\_\_\_\_

|                        |
|------------------------|
| <b>Office Use Only</b> |
| Cond. Entered _____    |
| Entered _____          |

**It is the student's responsibility to meet whatever conditions the Chairperson attaches to acceptance to the major by the time specified. If conditions are not fulfilled by the date specified, the student's registration privileges will be withdrawn.**

**PLEASE MAKE A COPY FOR YOUR RECORDS. CONDITIONALLY ACCEPTED STUDENTS AND STUDENT'S REJECTED AT THIS TIME WILL RECEIVE A COPY IN THEIR PO BOX** **Revised 2/09**