

**Registration Approval**

This form is used by the Academic Advisor or Department Head and the Student Life and Counseling Services Counselor to approve registration for students on academic suspension.

Note: This form is only for students who have set out a semester after being placed on suspension.

Last Name                                      First Name                                      Middle Name

Student ID: 

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The following has been discussed with me and I understand the conditions under which I am being allowed to register

- Availability of career counseling/tutoring services
- Benefits of reduced academic load
- Need for developmental courses
- Availability of special needs accommodations
- Enrollment in COL 101 or COL 103
- Time management/study skills
- Class attendance and completing assignments
- Minimum GPA for good standing and graduation
- Effect on cumulative GPA for repeating courses

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor or Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Life and Counseling Services Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

10/16                      **Student Data Center/Registrar's Office Use Only**

Date Keyed: \_\_\_\_\_                      Initials: \_\_\_\_\_

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