

The undersigned hereby petitions for admission as a candidate for the Bachelor of **Arts** **Science** **Fine Arts** degree with a  
*(Please Circle One)*

**MAJOR** in: \_\_\_\_\_

Concentration (if applicable): \_\_\_\_\_

**MINOR** in: \_\_\_\_\_

Semester Entered CUH: \_\_\_\_\_ Semester Declared Major: \_\_\_\_\_

**PLEASE PRINT:**

LAST FIRST MI ID Number

SIGNATURE DATE

ADDRESS CITY STATE ZIP CODE

HOME PHONE # WORK PHONE # CELL #

PRINT NAME OF ASSIGNED ADVISOR (TO BE FILLED IN BY THE DIVISION DEAN)

ACADEMIC ADVISING & RETENTION CENTER DATE

DIVISION DEAN DATE

ASSOCIATE PROVOST DATE

- 1) This form and the Consent to Release form must be submitted to the office of Academic Advising & Retention. The AAR will then forward a set of the student's records along with the Declaration of Major (DOM) form to the respective Division Dean.
- 2) If the Division Dean accepts the student then the DOM form should be signed. The DOM form is then sent to the Associate Provost. The student's records, is kept on file with the Division Dean for future use. After the Associate Provost signs the DOM form, it is returned to AAR.
- 3) If the Division Dean does not accept the student at that time, the DOM form and student's records are returned to AAR with an explanation. The AAR will then notify the student.



Chaminade University  
OF HONOLULU

CONSENT TO RELEASE INFORMATION

I give my consent to the Academic Advising & Retention Center at Chaminade University of Honolulu to release information, in the form of a photocopy(ies), from my academic advising folder to \_\_\_\_\_.

DIVISION DEAN

\_\_\_\_\_  
PRINT FIRST & LAST NAME OF STUDENT

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
STUDENT ID #

\_\_\_\_\_  
DATE

This consent to release information form is valid for as long as the student is enrolled at Chaminade University, unless rescinded in writing by the student.

FOR OFFICE USE ONLY

Major/Minor sent on \_\_\_\_\_ by \_\_\_\_\_  
date

Major/Minor: \_\_\_\_\_ Catalog year: \_\_\_\_\_