



COLLEGE OF CHARLESTON

DEPARTMENT OF HISTORY

Advising HOLD Removal Form

Name: _____

ID: _____

Email: _____

Phone: _____

For which of the following courses do you intend to register next semester?

	YES	NO	Name of Requested Faculty Member(s)
HIST 299 The Historian's Craft			NA
Capstone Research Seminar			NA
HIST 498 Senior Paper (requires 2 faculty members and department approval)			
HIST 499 (6 hours; 2 semesters) Bachelor's Essay (requires 2 faculty members and department approval)			
HIST 403 Independent Study			
HIST 496 Field Internship			

Semester and year you expect to graduate: _____

This form must be completed with the faculty advisor with both signatures in order for the registration hold to be removed. Failure to register on time may result in your not getting a seat in certain history courses.

Student's Name: _____
Signature / Print

Faculty Advisor's Signature: _____

DEPT USE ONLY:
Processed by: _____

Date: _____