APPLICATION FOR ADJUSTMENT OF UNDERGRADUATE DEGREE REQUIREMENTS

University policy requires that an Application for Adjustment be submitted and approved whenever a matriculated student requests to substitute a course within his/her program.

Return this form to the Assistant Dean for Undergraduate Education, Dr. Jessica Pawlik-York, H218, after you have obtained signatures from your Advisor and Department Chair.

Name: ________________________________

ID #: ________________________________

Degree Program: ________________________________

Major: ________________________________

Catalog Reference Year: 20____ - 20____

Course Substitution: ________________________________ for ________________________________

(Requested Course) (Required Course)

Please explain the reasoning behind this adjustment request:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature: ________________________________ Date: ________________________________

For Official Office Use Only
(Please sign and circle your choice below)

Advisor: ________________________________ Date: ______ Recommended Not Recommended

Dept. Chair: ________________________________ Date: ______ Recommended Not Recommended

Dean: ________________________________ Date: ______ Recommended Not Recommended