



Request for Adjustment of Academic Requirements

Candidate:

Student Name		Date
Student ID Number	Email	
Mailing Address		Daytime Phone
Graduate Program		Anticipated Completion Date
Catalog / Year		

I request the following adjustment of degree requirements in my graduate program:

Proposed Adjustment:

NOTE: Please include complete information on all classes listed. This includes: class number; section number; class description; credits; term taken.

Reason for Adjustment:

Signature of Student _____ Date _____

I certify that I will keep the Registrar and Graduate Admission and Degree Services informed of any changes on this form.

Signatures:

Approved	Disapproved	Advisor _____	ID # _____	Date _____
Approved	Disapproved	Program Coordinator _____	ID # _____	Date _____
Approved	Disapproved	Graduate Dean _____		Date _____