

CENTER FOR ACADEMIC ADVISING
' H J U H Adjustment for an Individual Student

STUDENT INFORMATION	
Student Name:	Z Number:
Program /Concentration	Preceptor: print or type, please
ADJUSTMENT TO PROGRAM AREA	
<p>(Academic Advising cannot accept any changes to curriculum without approvals from Preceptor, Program Chair, and Dean.)</p> <p>Changes to courses required for the Program area. Please list:</p>	
ADJUSTMENT TO COGNATE AREA	
Changes in courses used as cognates. Please list courses used.	
ADJUSTMENT TO GENERAL STUDIES ALLOCATION (Transfer Students only)	
Please use the following course(s) as "G" substitutions.	
ADJUSTMENT TO AT SOME DISTANCE	
Use the following courses for ASD:	
Preceptor (signature and date required) _____ Program Coordinator (signature and date required) _____ Dean (signature and date required) _____	
For Academic Advising Use only:	
Changes completed by:	Date: