

**OFFICE OF THE REGISTRAR
COURSE ADJUSTMENT FORM**

ACADEMIC YEAR: _____ **TERM (10/ 20/ 30/ 40/ 50/70)** _____

Fall (10), Spring (20), Sum A (30), Sum B (40), Grad Sum (50),
Grad Sum B (70)

SCHOOL: _____ **ACTION CODE:** _____
_____ A (add) C (make changes) D (cancel class)

PREFIX: _____

COURSE #: _____

SECTION: _____

SITE #: _____ *(off campus locations only)*

BLDG NAME _____ **ROOM #** _____

CLASS SIZE: _____ **CREDIT HOURS:** _____

COURSE TITLE: _____

INSTRUCTOR: _____ **I.D. #** _____

DAY(S):

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TIME: _____ **TO** _____
M T W TH F S **(DO NOT use Military Time)**

REASON FOR ADJUSTMENT/COMMENTS: _____

SUBMITTED BY: _____ **DATE:** _____

ACADEMIC SCHOOL DEAN: _____ **DATE:** _____

VICE PRESIDENT FOR ACADEMIC AFFAIRS _____ **DATE:** _____
(When requested by the Office of the Registrar)

NOTE: All COURSE ADJUSTMENTS must be signed by the Dean of School with an explanation for the Addition, Change or Cancellation of the class. All adjustments must be submitted to and approved by the Academic Affairs Office before the Registrar's Office will make changes to the class schedule.

REGISTRAR SIGNATURE: _____