REQUEST FOR MODIFICATION OF CREDIT HOURS

DEADLINES FOR 2016-2017

| WINTER TERM 2017: | MARCH 17 | |

TERM ________________________

DO NOT fill out this form if you are a GRADUATE STUDENT or RC or HONORS, even if the class you want to modify is in LSA. Instead, contact the advising center of your program and ask them about their MODIFYING policy.

DO NOT fill out this form if you are enrolled in any other College, even if the class you want to modify is in LSA. Instead, contact the advising center of your school or program and ask them about their MODIFYING policy.

Instructions: Complete both sides of this form.

Return the completed form to the Newnan LSA Academic Advising Center, 1255 Angell Hall.

Printed Name_____________________________________________ ID#________________________

Uniqname (e-mail)_________________________________________ Phone # ____________________

COURSE YOU WISH TO MODIFY

Class # / Subject / Catalog # / Section # / Section #
(e.g. 12345) (e.g. English) (e.g. 125) (e.g. 003) (e.g. 014)

• I am currently registered for this course for __________ credit hours
• I would like to change this course to __________ credit hours (total hours for course)

WHY ARE YOU MODIFYING THIS COURSE?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I have read the above statements and assume full responsibility for the consequences of this change of academic course.

___________________________________________________ ____________________
(Student’s Signature) (Date)
TO THE INSTRUCTOR

This student is requesting a modification of hours of your course.

- How many total credit hours are you approving? __________
- What was the original agreement regarding credit hours? __________

- If this is an increase in credit hours, what additional work will the student be doing to obtain this credit?

- If the student is requesting a decrease in credit hours, what part of the original agreement will not be completed?

- Additional Comments

Instructor/ GSI

_________________________________________ E-Mail _____________________ Phone ____________
(PLEASE PRINT)

_______________________________________________ Date _________________________
(SIGNATURE)

FOR OFFICE USE ONLY

Course is offered for ____________ hours.

Does this course section have a specified number of hours? YES NO

If yes, how many hours? __________

Date Received Approved for Processing