REQUEST FOR MODIFICATION OF CREDIT HOURS

DEADLINES FOR 2019-2020

<table>
<thead>
<tr>
<th>TERM</th>
<th>FALL TERM 2019:</th>
<th>SPRING TERM 2020:</th>
<th>SPRING/SUMMER 2020:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WINTER TERM 2020:</td>
<td>NOVEMBER 8</td>
<td>JUNE 5</td>
<td>JULY 10</td>
</tr>
<tr>
<td></td>
<td>MARCH 20</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Class # (e.g. 12345)</th>
<th>Subject (e.g. English)</th>
<th>Catalog # (e.g. 125)</th>
<th>Section # (e.g. 003)</th>
<th>Section # (e.g. 014)</th>
</tr>
</thead>
</table>

- 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)

(continued)
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