REQUEST FOR MODIFICATION OF CREDIT HOURS

DEADLINES FOR 2018-2019

FALL TERM 2018: NOVEMBER 9
WINTER TERM 2019: MARCH 22
SPRING TERM 2019: JUNE 7
SUMMER TERM 2019: AUGUST 2
SPRING/SUMMER 2019: JULY 12

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 # (e.g. 12345) Subject (e.g. English) Catalog # Section # Section #

Section # (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)

(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