Request for Modification of Credit Hours

DEADLINES FOR 2017-2018

Fall Term 2017: November 10
Winter Term 2018: March 16
Spring Term 2018: June 1
Spring/Summer 2018: July 6
Summer Term 2018: July 27

- DO NOT use this form if you are joint with Honors and RC. Go to the RC and follow their credit modification policies, even if the class is an Honors class.
- DO NOT use this form if you are enrolled in any other College (Business School, Music, etc.), even if the class you want to modify is in LSA. Instead, contact the advising center of your school or program and ask about their add/drop policy.

Instructions: Complete both sides of this form.

Return the completed form to the Honors Office, 1330 Mason Hall.

Printed Name: ____________________________  ID# ____________________

Uniqname (email): ____________________________  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)

NOTE: Only courses that have the option for variable credit hours (UROP, independent research, thesis courses) can be modified.

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
Printed name: ___________________________ Email ___________________________
Signature: ___________________________ Date ___________________________

FOR HONORS 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: ___________________________ Date Processed: ___________________________