REQUEST FOR MODIFICATION OF CREDIT HOURS

DEADLINES FOR 2015-2016

FALL TERM 2015: NOVEMBER 13  SPRING TERM 2016: JUNE 3  SPRING/SUMMER 2016: JULY 8
WINTER TERM 2016: MARCH 18  SUMMER TERM 2016: JULY 29

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)

(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