



## Five Year Undergraduate/Graduate Program Course Adjustment

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID: \_\_\_\_\_ Department: \_\_\_\_\_

**Courses to be adjusted:**

	Term	Subject/Course Number
*		
*		
*		

CBE and CEE departments: Undergraduate CAPP required to be submitted with form.

\*Prior approval required: Please submit undergraduate CAPP along with documentation.

**Approvals:**

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Graduate Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Associate Dean, Graduate Studies**

\_\_\_\_\_  
**Date**