UNDERGRADUATE CREDIT ADJUSTMENT FORM

PRINT NAME

________________________________________________________

CAMPUS WIDE ID # (CWID)

@mail.montclair.edu

MSU EMAIL

________________________________________________________

MAJOR

________________________________________________________

ANTICIPATED GRADUATION

January

May

August

20________

Curriculum substitution *(applies to MSU courses only)*

Re-evaluate transfer credit *(choose an option below)*:

- Applies to ALL students (equivalent will be reflected on SIS)
- Applies to this student only

<table>
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<tr>
<th>Course No.</th>
<th>Title</th>
<th>College</th>
<th>S.H.</th>
<th>MSU Course No.</th>
<th>MSU Course Title/Equivalent</th>
<th>S.H.</th>
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Justification:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Student Signature

Date

*Department Chairperson or Designee

Date

*College/School Dean or Designee

Date

*Your Signature verifies your review and approval of this request and that it meets established university policies.

NOTE: 1) Adjustment(s) noted on this form will override any existing adjustments for the student.

2) Transfer course adjustment (s) can only be processed if course already exists on SIS.