### UNDERGRADUATE CREDIT ADJUSTMENT FORM

**PRINT NAME**

@mail.montclair.edu

**MSU EMAIL**

**CAMPUS WIDE ID # (CWID)**

☐ January  ☐ May  ☐ August  20_____

**MAJOR**

**ANTICIPATED GRADUATION**

☐ Curriculum substitution *(applies to MSU courses only)*  ☐ Re-evaluate transfer credit *(choose an option below)*:

☐ Applies to ALL students *(equivalent will be updated in Banner and reflected in Degree Works)*

☐ Applies to this student only

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<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>
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**Justification:**

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Student Signature __________________________ Date __________

Academic Advisor (recommended) __________________________ 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 Degree Works

Rvsd. 11/30/16