

UNDERGRADUATE CREDIT ADJUSTMENT FORM

PRINT NAME	CAMPUS WIDE ID # (CWID)
_____@mail.montclair.edu	<input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> August 20____
MSU EMAIL	MAJOR
ANTICIPATED GRADUATION	

- | | |
|--|---|
| <input type="checkbox"/> Curriculum substitution (<i>applies to MSU courses only</i>)
<input type="checkbox"/> Award credit by exam | <input type="checkbox"/> Re-evaluate transfer credit (<i>choose an option below</i>):
<input type="checkbox"/> Applies to ALL students (<i>equivalent will be updated in Banner and reflected in Degree Works</i>)
<input type="checkbox"/> Applies to this student only |
|--|---|

Course No.	Title	College	S.H.		MSU Course No.	MSU Course Title/Equivalent	S.H.

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