

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 (equivalent will be reflected on SIS)
<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	Department Advisor's Signature (NOT Required)	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

Office Use:	CAAAL	Date	CAAAL	Date	Registrar's Office	Date
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