### UNDERGRADUATE CREDIT ADJUSTMENT FORM

**PRINT NAME**

**CAMPUS WIDE ID # (CWID)**

- [ ] January
- [ ] May
- [ ] August

**MSU EMAIL**

**MAJOR**

**ANTICIPATED GRADUATION**

- [ ] 20________

- [ ] Curriculum substitution *(applies to MSU courses only)*
- [ ] Award credit by exam
- [ ] Re-evaluate transfer credit *(choose an option below)*:
  - [ ] Applies to **ALL** students (equivalent will be reflected on SIS)
  - [ ] 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:**

______________________________________________________________________________________

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**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.