**UNDERGRADUATE CREDIT ADJUSTMENT FORM**

---

**PRINT NAME**

__________________________

**MSU EMAIL**

@mail.montclair.edu

**MAJOR**

---

**CAMPUS WIDE ID # (CWID)**

---

**ANTICIPIATED GRADUATION**

☐ January  ☐ May  ☐ August  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

---

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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