

**CENTER FOR ACADEMIC ADVISING**  
**' H J U H Adjustment for an Individual Student**

<b>STUDENT INFORMATION</b>	
Student Name:	Z Number:
Program /Concentration	Preceptor: print or type, please
<b>ADJUSTMENT TO PROGRAM AREA</b>	
<p>(Academic Advising cannot accept any changes to curriculum without approvals from Preceptor, Program Chair, and Dean.)</p> <p>Changes to courses required for the Program area. Please list:</p>	
<b>ADJUSTMENT TO COGNATE AREA</b>	
Changes in courses used as cognates. Please list courses used.	
<b>ADJUSTMENT TO GENERAL STUDIES ALLOCATION (Transfer Students only)</b>	
Please use the following course(s) as "G" substitutions.	
<b>ADJUSTMENT TO AT SOME DISTANCE</b>	
Use the following courses for ASD:	
Preceptor (signature and date required) _____ Program Coordinator (signature and date required) _____ Dean (signature and date required) _____	
<b>For Academic Advising Use only:</b>	
Changes completed by:	Date: