Center for Academic Advising and Adult Learning
Morehead Hall 132

MONTCLAIR STATE UNIVERSITY

UNDERGRADUATE CREDIT ADJUSTMENT FORM

PRINT NAME _____ **CAMPUS WIDE ID # (CWID)** _____

_____@mail.montclair.edu **MSU EMAIL** _____ **MAJOR**

□ January □ May □ August 20_____ **ANTICIPATED GRADUATION**

☐ 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

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

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

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

012007