



### Request for Adjustment in Students' Program Requirements

\_\_\_\_\_  
Student Name:

\_\_\_\_\_  
Student ID #:

\_\_\_\_\_  
College:

\_\_\_\_\_  
Major/Minor:

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Date:

Course(s) for Consideration		Credit Hours	KSU Equivalent		Action	Hours Awarded
Department	Course #		Dept.	Course #		

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Advisor/School Director/Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Office Representative

\_\_\_\_\_  
Date