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| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | **FSU E-mail**: | | |  |
|  | | | | | | |
| **Department:** | |  |  | | **EMPLID:** |  |
|  | | | | | | |
| **Major:** |  | | |

There is room below for up to five (5) adjustments to your Program of Study (POS). You must include the prefix/number, title, number of hours, and semester/year for each course. Preferred wording for the adjustment includes “add,” “remove,” and “replaces.” “Replaces” is used in cases of typos, if course content is similar, or if the courses fill the same requirement category. Each adjustment must have a corresponding justification (reason). Failure to submit this form in a timely manner may result in delay of graduation or courses not counting toward the degree.

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| **Adjustment(s) Requested:** |  | **Justification:** |
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***Please make sure that the changes above comply with university, college and departmental requirements.***

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| **Adjustment Approved by:** | | |
|  |  |  | |  |  |
| Major Professor |  | Signature | |  | Date |
|  |  |  | |  |  |
| Committee Member |  | Signature | |  | Date |
|  |  |  | |  |  |
| Committee Member |  | Signature | |  | Date |
|  |  |  | |  |  |
| Committee Member |  | Signature | |  | Date |
|  |  |  | |  |  |
| Committee Member |  | Signature | |  | Date |
|  |  |  | |  |  |
| Department Chair |  | Signature | |  | Date |
| Chester A. Ray |  |  | |  |  |
| Academic Dean |  | Signature | |  | Date |