CENTER FOR ACADEMIC ADVISING
Degree Works Adjustment for an Individual Student

Student Name:	**Z Number:**
Program /Concentration	**Preceptor: print or type, please**

ADJUSTMENT TO PROGRAM AREA

(Academic Advising cannot accept any changes to curriculum without approvals from Preceptor, Program Chair, and Dean.)

Changes to courses required for the Program area. Please list:

ADJUSTMENT TO COGNATE AREA

Changes in courses used as cognates. Please list courses used.

ADJUSTMENT TO GENERAL STUDIES ALLOCATION (Transfer Students only)

Please use the following course(s) as "G" substitutions.

ADJUSTMENT TO AT SOME DISTANCE

Use the following courses for ASD:

Preceptor (signature and date required)_____

Program Coordinator (signature and date required) _____

Dean (signature and date required) _____

For Academic Advising Use only:

Changes completed by:	**Date:**