



400 Paramus Road
Paramus, New Jersey
07652-1595

ADJUSTMENT OF DEGREE REQUIREMENTS

Office of Registration & Student Information Services

STEP I

To be completed by student

PLEASE PRINT ALL INFORMATION

NAME:
ADDRESS:
CITY, STATE, ZIP:

Student ID # _____

Telephone No. (HOME) _____
(OFFICE) _____

Students Signature: _____

Date _____ CURR* _____

Adjustment will be good for this curriculum **only***

REQUIRED COURSE(S)

Dept. Code	Course No.	Title	No. Credits

SUBSTITUTED COURSE(S)

Dept. Code	Course No.	Title	No. Credits

Reason for Waiver or Substitution: _____

Authorized Signature: _____ Date _____ 20____

STEP II

To be completed by the Department Head for the student's major program of study or curriculum.

A. The adjustment(s) for the above-named is _____, is not _____ authorized and approved as indicated in Step I.

B. Reason for recommendation:

Signature: _____ Date _____ 20____

(Department Head for the student's course of study)

STEP III

To be completed by the Department Head for the student's major program of study or curriculum.

A. The adjustment(s) for the above-named is _____, is not _____ authorized and approved as indicated in Step I.

B. Reason for recommendation:

Signature: _____ Date _____ 20____

(Department Head for course in question)