CENTER FOR ACADEMIC ADVISING
Degree Audit Adjustment for an Individual Student

STUDENT INFORMATION	PRINT OR TYPE, PLEASE.
Student Name:	**Z Number:**
Program /Concentration:	**Preceptor:**
***Check One:** ☐ CAPP ☐ Degree Works	***Catalog/Matric Term:**

*Note: Students with a catalog/matric term prior to Fall 2016 (201680) must use CAPP. Students with a catalog/matric term of Fall 2016 (201680) and beyond must use Degree Works.

ADJUSTMENT TO PROGRAM AREA
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:

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

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:**