

BLOOMFIELD COLLEGE
BLOOMFIELD, N.J. 07003

ADJUSTMENT OF DEGREE REQUIREMENTS

Name: _____ ID # _____

Address: _____ Date: _____

Zip: _____ Major: _____

CHECK APPROPRIATE BOXES:

Status: Day

Regular Evening

Veteran's Program

Action Program

Women's Program

Other

Year: Freshman

Sophomore

Junior

Senior

Expected Date of Graduation:

Dec.

May 20____

August

Purpose of Adjustment:

Request permission to carry _____ credits for the _____ semester, 20____

Estimated grade point average: _____

WAIVER FOR COURSE: _____

COURSE SUBSTITUTION: _____ SUBSTITUTED FOR _____

COURSE SUBSTITUTION: _____ SUBSTITUTED FOR _____

OTHER _____

REASONS: _____

STUDENT MUST SECURE THE REQUIRED SIGNATURES.

Approved by: _____ Date: _____
(Chairperson)

Approved by: _____ Date: _____
(Associate Dean)

Approved waivers should be sent by the Associate Dean to the Office of the Registrar, Knox Hall. Please do not permit students to return waiver in person.

____ Recorded on Student's evaluation

____ Copy sent to student by Registrar's Office

____ Original filed in folder