University of South Alabama * College of Arts and Sciences
Authorization for Program Adjustment

Student Name (Last, First): _____ **Student J-number:** J00_____

Student Major/ Concentration: _____ ☐ **Minor:** ☐ **2nd Major:** _____

Adjustment submitted for: ☐ Major ☐ Minor ☐ General Education

Substitution(s):

Required Course			Substituted Course				
Subject	**Course**	**Credits**	**Subject**	**Course**	**Credits**	**Term Completed**	**Grade Received**

Waiver(s)

Required Course				Explanation
Subject	**Course**	**Area to be adjusted** ***(Title of CAPP Area Required)***	**Credits**	

Other Adjustment(s)

Area to be adjusted *(Title of CAPP Area Required)*	Change Requested and Explanation

Recommended:

_____ _____
Program Advisor Date

_____ _____
Program Department Chairman Date

_____ _____
Department Chair of Adjusted Course Date
(if adjustment(s) not in program department)

☐ **Approved** ☐ **Disapproved (reason on back)**

_____ _____
Dean or Director **Date**

Advising Office Use Only:

☐ Substitution(s) entered in to CAPP
☐ Waiver(s) entered in to CAPP
☐ CAPP Area(s)/Program Adjusted

CAPP Area/Program Adjusted	***Term Adjusted***
Additional Information:	

Initials _____ Date: _____

Form Color: Goldenrod Updated 9/20/05