COLUMBUS STATE UNIVERSITY

DegreeWorks Adjustment Form

Student Name _____ CSU ID _____ Major _____ Catalog Year _____

Required Course	Area of Curriculum (Ex. Area C)	Action Requested (Ex. Substitute or Waive)	Course(s) to be Used (If *** include course title)	CSU or Transfer Institution	Term Taken (Ex. Fall 2012)	Grade or Enrolled	Number of Credits

_____ _____ _____ Recommend that same approval applies to all future
Advisor Date occurrences for these course(s):

_____ _____ ____ One Time Approval ____ Approval for Future Occurrences _____Denied
Department Chair* Date

*If required course is in Areas A-E and Wellness, the signature of the Chair who has authority over that course or area is required.
If required course is in Areas F and beyond, signature of the Chair of the student's major is required.

_____ _____ ____ Approve Chair's Recommendation _____Denied
Dean** Date

**Areas A- E and Wellness only

Revised 9/2013

Registrar processing _____