WINSTON-SALEM STATE UNIVERSITY

Curriculum Adjustment Form

General Education

Faculty Advisor Name:		Date:
Department:		
Student Name:		BANNER ID:
Classification:	Pre-Major or Major:	

Please Accept the Following Course(s) *[Course ID, Course Name]*	*For*	*Area of Knowledge*	*Credit Hrs.*
	▶	Select an AoK	
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	▶	Select an AoK	
	▶	Select an AoK	

Other Curricular Adjustments (please use additional sheet(s) if necessary):

I have evaluated the status of the above named student and it appears that consideration may be given as indicated.

Faculty Advisor _____ Date _____

Dean, University College and Lifelong Learning _____ Date _____