



ACADEMIC ACTION NOTICE

Part 1: COPIES of action TAKEN go to ADMISSIONS, FINANCIAL AID, INSTRUCTOR, DEPARTMENT CHAIR, REGISTRAR, STUDENT SERVICES.

COURSE NAME & NUMBER: _____

Semester: _____

- Add Course to the Schedule
- Cancel Course in the Schedule _____
- Change of Faculty: from _____ to _____
- Change of Time: from _____ to _____

Reason for Change: _____

Part 2: COPIES of action TAKEN go to FINANCIAL AID, INSTRUCTOR, DEPARTMENT CHAIR, REGISTRAR, BURSAR, AND MENTOR _____

- Independent Study (Syllabus attached) Entered in CAMS
- Incomplete (Attach documentation.) Complete by _____
- Grade Change (Please put the semester of origin.)
- Correction in Academic Record

Student Name: _____ **I.D.#:** _____

Course No: _____ **Semester:** _____ **New Grade:** _____

Reason(s) for Action: _____

Instructor _____
Date

Department Chair _____
Date

Curriculum Committee _____
Date

Academic Affairs _____
Date