



Florida State University

Academic Center for Excellence

A-3600 University Center

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Contact: Angela Hockin or Christina Pater

**GUIDANCE COUNSELOR COURSE ADJUSTMENT FORM
FSU HIGH SCHOOL DUAL ENROLLMENT**

Date: _____

Name of High School: _____

Student Name: _____ FSUID: _____ Term: _____

Please remove the student from the following course(s):

FSU Course # / Name	Reason for dropping or changing the planned course	FSU Hours

Please add the student to:

FSU Course # / Name	HS Core Subject/Elective AND # of HS Credits Needed (e.g., 0.5 or 1)	FSU Hours

Reason for schedule change _____

Anything the FSU Advisor should be aware of _____

Name of Guidance Counselor (please print) _____

Guidance Counselor's Signature _____

****** For Office Use Only ******

Add to Student's Schedule:

Sess	Course			Class/Ref Number	Meeting Days/Times	Credit Hours
	Prefix	Number	Sec			

Drop from Student's Schedule:

Approved By: _____

Date: _____

Notes: