



**Florida State University**  
 Academic Center for Excellence  
 A-3600 University Center  
 Phone: 850-645-0852  
 Fax: 850-645-0180  
 Contact: Angela Hockin

**HOME SCHOOL REQUEST FOR COURSE ADJUSTMENT  
 FSU HIGH SCHOOL DUAL ENROLLMENT**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ FSUID: \_\_\_\_\_ Term: \_\_\_\_\_

Please remove the student from the following course(s):		
Course Number (if known)	Course Title (i.e. college algebra) or Core Subjects	Hours

Please add the student to:		
Course Number (if known)	Course Title (i.e. college algebra) or Core Subjects	Hours

Reason for schedule change \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian'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: \_\_\_\_\_