



**Florida State University**

Academic Center for Excellence

A-3600 University Center

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Contact: Angela Hockin or Christina Pater

**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:**

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

**Drop from Student's Schedule:**


Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_