



Florida State University

Academic Center for Excellence

A-3600 University Center

Phone: 850-645-0852

Fax: 850-645-0180

Contact: Angela Hockin

**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: