



**Florida State University**

Academic Center for Excellence

A-3600 University Center

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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: \_\_\_\_\_