



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: _____