## Northwestern State University

## **DEGREE WORKS ADJUSTMENT SHEET**

Student ID

| Stin                      | dent Nam          | <b>A</b>             |                         |  |           |                  |                        |                 |
|---------------------------|-------------------|----------------------|-------------------------|--|-----------|------------------|------------------------|-----------------|
|                           | isor Name         |                      |                         |  |           |                  |                        | _               |
| Maj                       |                   |                      |                         |  |           |                  |                        |                 |
| Maj                       | 01                |                      |                         |  |           |                  |                        |                 |
| Fill in Maj               | or, Minor, and    | Any Concentratio     | n, put the letter of tl | he area mo                                     | dified, i | .e., A-D by the  | e arrow. Make          | changes only to |
| those area                | s over which y    |                      | and return to the St    | udent's De                                     | partme    | nt Head.         |                        | , <b>g ,</b>    |
| A. Major:                 |                   |                      |                         | 1st Concentration (if applicable):             |           |                  |                        |                 |
| B. Minor (if applicable): |                   |                      |                         | 2 <sup>nd</sup> Concentration (if applicable): |           |                  |                        |                 |
| C. C                      | ore:              |                      |                         |  |           |                  |                        |                 |
| D. C                      | ther Area         | (e.g., Additional Re | quirement, Support Co   | ourses, etc.                                   | ):        |                  |                        |                 |
| E. C                      | atalog            |                      |                         |  |           |                  |                        |                 |
| Place the let             | ter of the area ( | A-D above) to be mo  | odified in this column  |  |           |                  |                        |                 |
| Modify                    | Required          | Sub Course &         | Course Title/Rule       |  | Credit    | Add course       | APPLY                  | Reduce or       |
| Area:                     | Course &          | No.                  |                         |  | Hours     | to Sub two       | HERE                   | Change hours;   |
| (A,B,C, or <b>D</b> )     | No.               |                      |                         |  |           | for one<br>(ALSO | (use only<br>when also | Force Complete  |
| 2)                        |                   |                      |                         |  |           | ALLOW)           | will not               |                 |
|                           |                   |                      |                         |  |           |                  | work)                  |                 |
|                           |                   |                      |                         |  |           |                  |                        |                 |
|                           |                   |                      |                         |  |           |                  |                        |                 |
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|                           |                   |                      |                         |  |           |                  |                        |                 |
| _                         | ment He           | ead                  |                         |  |           |                  | <b>5</b> .4            |                 |
| Signature:                |                   |                      | Date:                   |  |           |                  |                        |                 |
| Comme                     | ents/Clari        | ification            |                         |  |           |                  |                        |                 |
|                           | Jito, Olai        |                      |                         |  |           |                  |                        |                 |
|                           |                   |                      |                         |  |           |                  |                        |                 |
|                           |                   |                      |                         |  |           |                  |                        |                 |
|                           |                   |                      |                         |  |           |                  |                        |                 |
| Dean's                    | Dean's Signature: |                      |                         |  |           |                  | Date:                  |                 |

\*\* You must indicate in the Comments/Clarification area how you wish the student to replace the waived hours, e.g., increase elective credit, and add specific information if required.

Note: \*Adjustments are effective only for the indicated degree program and catalog. The Academic Department Head will submit DW Adjustment Sheet(s) to the Dean's office. Any changes to the degree program or catalog indicated above will require completing the adjustments. Verification of the change will appear on a DW Compliance Report.