RAMAPO COLLEGE OF NEW JERSEY

AUDIT ADJUSTMENT REQUEST

Student Information:

Last Name:_____   First Name:_____

R# **R**_____   Student Email:_____@ramapo.edu

Student Level: ☐Undergraduate   ☐Graduate   ☐ Doctorate Catalog Year:_____

Major:_____   Concentration:_____   Minor:_____

Course Adjustment: Please check ONE in each section below.

Are you requesting an adjustment change to the **General Education Requirement**?   ☐ **Yes*** ☐ No

==***CHANGES TO THE GENERAL EDUCATION REQUIREMENT MUST BE APPROVED THE OFFICE OF THE PROVOST**==

Section 1   ☐   Swap/Substitute one Ramapo course for another requirement

_____   _____   _____
Subject   Course Number   Title

☐   **Equate a Transfer course** from a different college to satisfy a Ramapo course or degree requirement.

Course taken at: _____

Course Information: _____   _____   _____
                                         Subject   Course Number   Title

Course Transferred to Ramapo As: _____   _____   _____
                                                       Subject   Course Number   Title

Section 2

Course Should Replace the following at Ramapo:

☐ **Course:** _____   _____   _____
                     Subject   Course Number   Title

☐ **Requirement on Degree Audit:** _____

Student Signature: _____   Date:_____

GE Provost Approval: _____   Date:_____

Dean/Convener Approval: _____   Date:_____

Print Name (Provost/Dean/Convener): _____   Ext# _____