

Course Adjustment Form

All areas must be completed legibly!

| Student Name: | | | | |
|---------------------------------------|---|---|--|---|
| TSC St | Last tudent ID N <u>umber:</u> | First | Middle Student Phone Number: | |
| Name of High School: | | | Graduation Date: | (mo/yr) |
| Semester (circle | e one): Fall (main) | Spring (main) S | ummer (B- June Exp.) | (year) |
| Adjustment apport | plies to Permission t | to Register form date | d:(enter da | te of original permission |
| PLEASE DR | <u>OP</u> STUDENT F | ROM THE FOLI | LOWING COURSE(S): | |
| Section # | Course ID | | Course Title | Class Location |
| | | | | HS/Online/TSC |
| | | | OWING COURSE(S): | |
| Section # | Course ID | | Course Title | Class Location |
| | | | | HS/Online/TSC |
| Permi individ State C minimu | ission for Early Adn This studes ual has permission to ollege. I understand a um of 12 credit hours | nt meets the 3.50 unwo participate in Early A and the student unders and a maximum of 15 | ntly has a high school unweight eighted high school gpa required dmit Dual Enrollment Program tands that this is full time dual effected forcedit hours each semester. | ment. This at Tallahassee enrollment with a |
| | neets criteria for Earl bove. Transcript has | | nt and I recommend that he/she | be added in the |
| School Counselo | or Name (please prin | nt): | | |
| School Counselor Signature: | | | | |