

The City University of New York
CUNY SCHOOL OF LAW
Law in the Service of Human Needs

PROGRAM ADJUSTMENT FORM

Directions: Complete the form below. Submit in person.

STUDENT INFORMATION- Print clearly Please Check One: 2L 3L	
First Name: _____	Last: _____
CUNY first ID: _____	Date of Birth (MM/DD): _____
Student Signature: _____	Date: _____

COURSE INFORMATION- Print Clearly	
SEMESTER (Check one): Fall Spring Summer	ACADEMIC YEAR: 20 _____

COURSES TO DROP:

Catalog Number	Course Title	Credits

COURSES TO ADD:

Catalog Number	Course Title	Credits

REVISED TOTAL CREDITS: _____

**May not be below 12 or more than 16 without permission from the Academic Dean
 (Applicable to Fall and Spring Terms).**

<u>OFFICE USE ONLY</u>	
_____ (Staff)	DATE RECEIVED: _____
_____ (Staff)	DATE PROCESSED: _____