



Contract Renegotiation (See Academic Calendar for Deadline)

Semester Year checkboxes for Fall and Spring

On-Campus Study and Off-Campus Study checkboxes

Instructions: Please check the appropriate boxes above and fill out the information requested on this form.

Name: (Last) (First)

SID: N [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Box No.: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Table with columns: Course Code, Educational Activities to be Evaluated for Transcript Entry, Session, Name of Instructor/Evaluator. Includes ADD button.

Table with columns: Course Code, Educational Activities to be Evaluated for Transcript Entry, Session, Name of Instructor/Evaluator. Includes DROP button and session key: (A = full term; MI = Module 1; M2 = Module 2)

Other Changes (Please explain):

Student Signature: Date: Sponsor: (Name) (Signature) Date: