



GRADUATE COLLEGE

Request for Adjustment of Academic Requirements

Student Information:

Student Name _____	Date _____
Student ID Number _____	Email _____
Mailing Address _____	Daytime Phone _____
Graduate Program _____	
Catalog Year _____	Anticipated Completion Date _____

Instructions:

Purpose: The Request for Adjustment of Academic Requirements (RAAR) form is used to modify the student's program requirements as indicated previously on the Application for Admission to Candidacy. Consequently, an RAAR can only be submitted AFTER a Candidacy form has been submitted to and approved by the Graduate College (simultaneous submission of the two forms is acceptable). If approved, the academic adjustment becomes an official part of the student's program and his/her Candidacy document.

General Instructions: In order to evaluate an RAAR the Graduate College must have complete and accurate information regarding each proposed modification. For each course this includes the course name and number, semester and year, and the number of credits. Additional information should be provided if it will assist in evaluating the request. A justification for the proposed academic adjustment must also be included.

Submission: Submit the original RAAR form (faxed, photocopied, or emailed forms will not be accepted) to Graduate Admission and Degree Services, Room 141, Mathematics/Geosciences building, 8AM-5PM, M-F except holidays (contact information: gradcoll@boisestate.edu; local 208-426-3903; toll-free 1-800-824-7017).

Adjustment:

Proposed Adjustment: (check one): Course substitution Other

Course substitution: (e.g., course to be replaced = BIOL 527 Stream Ecology, Summer 2007, 3 credits; new course = BIOL 533 Behavioral Ecology, Spring 2009, 3 credits)

course to be replaced _____	semester / year _____	credits _____
new course _____	semester / year _____	credits _____

Other: (Please describe requested adjustment in detail)

Reason for the proposed adjustment:

Signatures:

Student Signature _____	Date _____
Approved / Disapproved	
Advisor (signature) _____ (printed name) _____	Date _____
Program Coordinator (signature) _____ (printed name) _____	Date _____
Graduate Dean _____	Date _____