

## Florida State University Panama City

Office of Admissions & Records admissions@pc.fsu.edu Phone: 850-770-2160

## GUIDANCE COUNSELOR COURSE ADJUSTMENT FORM FSU PANAMA CITY HIGH SCHOOL DUAL ENROLLMENT

Date:			Name of High School:						
Student Name:			FSUID:			Term:			
Please remove the student from the following course(s):									
Course Number (if known)			Course Title (i.e. college algebra) or Core Subjects			ıbjects	Hours		
Please add the student to:									
Course Number (if known)			Course Title (i.e. college algebra) or Core Subjects				Hours		
Peacen for schodule change									
Reason for schedule change									
Anything the FSU Advisor should be aware of									
Name of Guidance Counselor (please print)									
Guidance Counselor's Signature									
**** For Office Use Only ****									
Add to Student's Schedule:  Course  Class/Ref  Macting Douglation Credit									
Sess	Prefix	Numbe	r Sec	Number	Meeting	g Days/Times	Hou		
Drop from Student's Schedule:									
								_	
Approved By:					Date:				
Notes	Notes:								

Revised: Mar 2017