



**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	Hours

Please add the student to:

Course Number (if known)	Course Title (i.e. college algebra) or Core Subjects	Hours

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 Number	Meeting Days/Times	Credit Hours
Sess	Prefix	Number	Sec			

Drop from Student's Schedule:

Approved By: _____ Date: _____

Notes: _____