



**INDIVIDUAL STUDENT
CURRICULUM ADJUSTMENT FORM (CAF)
ENROLLMENT AND STUDENT SERVICES**

Student Name: _____ Student NSU ID: _____
 Program Code: _____ Catalog Term: _____
 Advisor Name: _____ College: _____
 Advisor Email: _____ Advisor Phone: _____

SUBSTITUTION (*Allow an alternate course to take the place of a required course*)

Required Course: _____ Alternate Course: _____ Apply to Area: _____
 Required Course: _____ Alternate Course: _____ Apply to Area: _____

WAIVER (*Remove course requirement for a student that is exempt from fulfilling the specific requirement*)

Waived Course: _____ Apply to Area: _____

OTHER EXCEPTION (*Curriculum changes such as change in minimum GPA, total credits required, extend year limit, etc.*)

Requirement: _____
 Exception: _____ Apply to Area: _____

RATIONALE (*Briefly explain the basis for the substitution, exemption, or other exception*)

CENTER APPROVAL (*Required signatures vary by program office. Please print and sign form before submitting.*)

Student: _____	Date: _____
Academic Advisor: _____	Date: _____
Sr. Academic Advisor: _____	Date: _____
Chair/Program Director: _____	Date: _____
Other Authorized Official: _____	Date: _____
Dean: _____	Date: _____

For ESS Staff Use Only

CAPP Adjusted By: _____ Date: _____