

Request to Adjust Course Credit Hours:

Return completed form to the Registrar's Office: registrar@dts.edu

Student Name: _____ **ID#:** _____

Degree: _____ **Semester Registered:** _____

Course Number: _____

I would like to: (Choose one)

_____ **Reduce Hours from** _____ **to** _____

_____ **Increase Hours from** _____ **to** _____

Why are you requesting this adjustment to the credit hours of this course? (Please explain in 1-3 sentences)

In consultation with the professor, please list the specific book(s) and/or assignment(s) that will be added or reduced for this course?* (This should include: the specific number of pages/articles to read, title of book(s), number of pages to write, etc. Consult the [Handbook](#) 1.3.2 Independent Study for general requirements of reading and writing per credit hour)

Student Signature: _____ **Date:** _____

Professor Signature: _____ **Date:** _____

*Incomplete forms will be returned to the student and require completion before hours are adjusted.