



AUDIT ADJUSTMENT REQUEST

Student Information:

Last Name: First Name:
R# R Student Email: @ramapo.edu
Student Level: Undergraduate Graduate Catalog Year:
Major: Concentration:
Minor:

Course Adjustment: Please check ONE in each section below.

Section 1

Swap/Substitute one Ramapo course for another course.

Subject Course Number Title

Equate a Transfer course from a different college to satisfy a Ramapo course or degree requirement.

Course taken at:

Course Information: Subject Course Number Title

Course Transferred to Ramapo As: Subject Course Number Title

Section 2

Course Should Replace the following at Ramapo:

Course: Subject Course Number Title

Requirement on Degree Audit:

Student Signature: Date:

Dean/Convener Approval: Date:

Print Name (Dean/Convener): Ext#

Office of the Registrar Processed By:

Processed Date:



Ramapo College of New Jersey

Office of the Registrar

reg@ramapo.edu

Fax: 201-684-7956

Return completed form to the Registrar's Office for processing.

Office of the Registrar Processed By: _____

Processed Date: _____