

Concurrent Admission Amendment Form

This form is intended to be utilized when changes need to be made to a previously submitted Concurrent Admission Course Approval Form.

**Section I – To be completed by the student:**

Student Name: \_\_\_\_\_  
Campus ID #: \_\_\_\_\_  
Concurrent Admission Semester: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II – To be reviewed with the student and completed by the graduate advisor:**

List below the courses you intend to enroll in at the graduate level:

<b>Courses being removed from original approval:</b>		
Course Designator	Course Title	Credit Hours
<b>Courses being added to original approval:</b>		
Course Designator	Course Title	Credit Hours

By signing below I verify that this student is eligible for concurrent enrollment according to department standards and that the student will complete graduate-level work in the concurrent enrollment graduate coursework.

Graduate Advisor's Name: \_\_\_\_\_

Graduate Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion this form should be emailed to [studentreg@cmich.edu](mailto:studentreg@cmich.edu) by the student's advisor.