

Concurrent Admission Amendment Form

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

Section I – To be completed by the student:

Student Name: _____ 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:

Courses being removed from original approval:			
Course (ex. BIO 500)	Section Number	Course Title (abbreviate if needed)	Credit Hours
Courses being added to original approval:			
Course Designator	Section Number	Course Title (abbreviate if needed)	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 Name: _____

Graduate Advisor Signature: _____ Date: _____

Upon completion this form should be emailed to studentreg@cmich.edu by the student's advisor.