### Course Modification Form

#### Instructions:
1. Complete student information.
2. Submit to your academic advisor.
3. Student returns to Records and Registration.

#### Step One: To be completed by the Student.

<table>
<thead>
<tr>
<th>UNM ID Number</th>
<th>Term</th>
<th>Student Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Signature</td>
<td></td>
<td>By signing this card I accept the Financial Responsibility for all Charges, Tuition, and Fees associated with this course(s).</td>
<td></td>
</tr>
</tbody>
</table>

#### Step Two: To be completed by the Academic Advisement Unit.

Student must obtain overrides (capacity, prerequisite, co-requisite, duplicate, special approval, etc.) prior to submitting this form.

- The above student is **exempted from the following** Academic Foundations course:
  - CRN: ____________
  - Dept: ____________
  - Course #: ____________
  - Section #: ____________

Source of Exemption:
- [ ] Examination Score Placement
- [ ] Multiple ACT Scores
- [ ] Advanced Course Completion
- [ ] Administrative Exemption or Postponement
- [ ] Withdrawal (see below)
- [ ] Other: __________________________

The above student is changing to another section of Academic Foundations. **Changes to waitlisted sections are not allowed.**

- **Drop CRN**
  - Dept: ____________
  - Course #: ____________
  - Section #: ____________

- **Add CRN**
  - Dept: ____________
  - Course #: ____________
  - Section #: ____________

**Signature is not required for section changes.**

Advisor Signature College/School Date

#### Step Three: To be completed by the Student.

Return this form in person, with valid photo identification, to Records and Registration, Mesa Vista Hall - North or Student Support and Services Center.

**Withdrawal of Distance Students:** To be completed by the Student. Note: Advisor must return this form in person with a valid photo identification.

I certify that I am unable to travel to UNM Main Campus to submit this document in person and give permission to the following Academic Advisor to submit this single transaction on my behalf: ____________________________

Advisor, Printed Name College/School

Student Signature Date

For Office Use Only

Processed By: ____________________________ Fee Charged: ____________________________ Date: ____________________________

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