



ACADEMIC ADJUSTMENT AGREEMENT FORM: Pregnant and Parenting Students

Date: _____

Name of Student: _____
(Student's Colleague Number)

Student signature: _____

(Course Rubric and Course Number)

(Section Number)

(Synonym Number)

Year and Semester: _____

Agreement for Academic Adjustment:

Deadline for Completion of Academic Adjustment:

Conditions for Academic adjustment:

Approved:

Denied:

Instructor Date

Instructor Date

Department Chairperson Date

Department Chairperson Date

Division Dean Date

Division Dean Date

Vice President for Academic Affairs Date

Vice President for Academic Affairs Date

**Faculty member should complete this form and send to
Department Chairperson.**