



Semester	Year
Fall	_____
Spring	_____

# Contract Renegotiation

On-Campus Study
Off-Campus Study

(See Academic Calendar for Deadline)

*This document embodies planning toward core-learning goals, including communication skills, content knowledge, and critical and creative thinking skills.*

**READ CAREFULLY:** This form must be filled out completely in ink with each page legible and be signed by yourself and your contract advisor before it will be accepted by the Office of the Registrar. Pay particular attention to the correct 5-digit course code, the name of each course's instructor, that each of your tutorial instructors have initialed next to their name, and what **contract criteria** you must achieve to complete this contract satisfactorily.

**Name:** \_\_\_\_\_ **SID:** N \_\_\_\_\_  
(Last) (First)

**Expected Year of Graduation:** \_\_\_\_\_ **Box No.:** \_\_\_\_\_

## DROP:

Course Code (courses only)	Course Name	Internship?	Session* (Please circle one)	Name of Instructor/Evaluator (Initials required for Tutorials/IRPs/Internships, etc.)
_____	_____	_____	A M1 M2 1MC	_____
_____	_____	_____	A M1 M2 1MC	_____
_____	_____	_____	A M1 M2 1MC	_____
_____	_____	_____	A M1 M2 1MC	_____

\*(A=Full Term; M1=Module 1; M2=Module 2; 1MC=Full Term for Module Credit Equivalent)

## ADD:

Course Code (courses only)	Course Name	Internship?	Session* (Please circle one)	Name of Instructor/Evaluator (Initials required for Tutorials/IRPs/Internships, etc.)
_____	_____	_____	A M1 M2 1MC	_____
_____	_____	_____	A M1 M2 1MC	_____
_____	_____	_____	A M1 M2 1MC	_____
_____	_____	_____	A M1 M2 1MC	_____

\*(A=Full Term; M1=Module 1; M2=Module 2; 1MC=Full Term for Module Credit Equivalent)

## NEW CERTIFICATION CRITERIA (required minimum workload of 3 units):

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Name) (Signature)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_