MILES COLLEGE

STUDENT ADJUSTMENT FORM

STUDENT NUMBER: _____

NAME: _____

DATE: _____

ADJUSTMENT AMOUNT: _____

DEPARTMENT REQUESTING ADJUSTMENT: _____

EXPLANATION:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PROCESSED BY: _____

DATE: _____

APPROVAL: _____

DATE: _____