DARS Adjustment Request
For CHSP Student Majors, Minors or Certificates
(With Ohio University Courses Only)

Student Name: ____________________________________________
PID Number: ____________________________________________
CatMail Email: ____________________________________________
CHSP Major: ____________________________________________
Advisor: ____________________________________________

Graduation Candidate this semester: YES NO

Details:

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<th>List Major/Minor/Certificate Requirement:</th>
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Please explain why you believe each request is valid:


Student Signature: ____________________________ Date: ____________

Return form with current printed DARS to Student Services- Grover W370