

COLLEGE OF COMMUNICATION
DARS CHANGE AUTHORIZATION FORM

Student Name _____ Soc # _____

School _____ Major _____

As advisor for the above named student, I authorize the following changes on the student's DARS report.

I. COURSES TO BE MOVED FROM ONE REQUIREMENT AREA ON DARS TO ANOTHER:

	<u>TERM</u>	<u>COURSE</u>	<u>REMOVE FROM</u>	<u>LIST UNDER</u>
Ex.	93.2	Film 101	Corollary	Arts & Humanities
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

II. OTHER DARS ERRORS/REVISIONS

Describe completely any other errors or requested revisions for the DARS report. This would include TIER problems, new equivalencies for transfer courses, changes in corollaries/ specialization areas/ tracks, or any other problems. When mentioning specific courses, please include the quarter (ex. 92.1) the class was taken.

Signature of Advisor

Date

OFFICE USE ONLY

Date Input _____

By _____