University of Miami
Office of the Registrar

UNIT MODIFICATION REQUEST FORM

Please Only use one form per request

Please select and fill out box (A) if ALL scheduled classes will have the same set units.

Note: this form is only used when changing credits for the scheduled classes

☐ Please select:	A.) Schedule of Class Information	
Effective Term	**Subject Area**	**Catalog Number**
Current Variable Units: *Min:* | *Max:*	**Requested Set Units:**	
Are there any students currently enrolled in scheduled class(s)?	Yes ☐	No ☐

Please select and fill out box (B) if specific scheduled classes will have specific set units.

Note: A different Associated Class Number must be issued to each scheduled class in order to set specific units.

☐ Please select:	B.) Schedule of Class Information	
Effective Term	**Subject Area**	**Catalog Number**
Current Variable Units:	*Min:*	*Max:*

				Yes ☐	No ☐
Are there any students currently enrolled in scheduled class(s)?					

Class #	Associated Class #	Requested Set Units	Class #	Associated Class #	Requested Set Units

Department Chair: _____ Date: _____
(Signature Required)

School Scheduler: _____ Date: _____
(Signature Required)

*All forms must be sent to scheduling.rg@miami.edu for processing.