

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 <u>ALL</u> scheduled classes will have the <u>same set units</u>.

*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:		
Ar	e there any studer	ts currently enrolled in schedul		led class(s)?		No
Please select and fill out box (B) if <u>specific</u> scheduled classes will have <u>specific</u> 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:		Мах:		
Ar	e there any studer	ts currently enrolled in schedule		led class(s)?	Yes	No □
Class #	Associated Class #	Requested Set Units	Class #	Associated Class #	Reques	sted Set Units
Department Chair: Date:						
		(Signature Required)				
School Scheduler:		Date:				
		(Signature Required)				

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