

Seton Hall Law School

ADJUSTMENT FORM

THIS FORM MUST BE FORWARDED BY THE PROFESSOR

FORM INSTRUCTIONS

1. Insert information into fillable fields.
2. Print form.
3. Sign the form.
4. Submit printed form in person or by mail to the Associate Dean.
5. Keep a copy for your records.

Mailing Address:
Office of the Associate Dean
Seton Hall Law School
One Newark Center
Newark, NJ 07102

Expected Graduation Date _____ Student ID _____

Law MBA/JD Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Course ID _____ Course Title _____

Semester _____ Year _____ Credits _____ Professor's Name _____

Explanation of Adjustment

Change Grade From _____
To _____

Professor's Signature

Date _____

Associate Dean's Signature

Date _____