

CAPP ADJUSTMENT FORM
SUNY Plattsburgh

Submit requests for CAPP adjustments or report CAPP errors by completing and forwarding this form to the Registrar's Office, 3rd floor Kehoe.

Student's Name – Print last name, first name

Student's I.D.

Local Address

Phone

Email Address

(Admit Term-i.e., Fall 2000)

Major(s)

Minor

Advisor's Name

The CAPP Report dated _____ has the following suspected errors:

Questions regarding the CAPP Report:

Additional Comments:

Student's Signature

Date

Processed by: