

**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, 3<sup>rd</sup> floor Kehoe.

\_\_\_\_\_  
Student's Name – Print last name, first name

\_\_\_\_\_  
Student's ID

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
(Admit Term-i.e., Fall 2008)

\_\_\_\_\_  
Major(s)

\_\_\_\_\_  
Minor

\_\_\_\_\_  
Advisor's Name

The CAPP Report dated \_\_\_\_\_ has the following suspected errors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions or comments regarding the CAPP Report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Processed by: