



Student Name: _____ ID#: _____

Exception(s) approved for:

(Please complete a separate form for each academic program for which exceptions are being granted.)

Major: _____

Minor: _____

Certificate: _____

Required Course	Substituted Course*	Dept. Chair Signature & Date

*If the substituted course is a general credit transfer course (i.e. courses numbered X00), please include course title.

Required Course	Reason for Waiver	Dept. Chair Signature & Date

Other Requirements	Dept. Chair Signature & Date

Please Note:

- The completed form should be submitted to the Records Office no later than Friday of the first week of the semester in which the student will graduate.
- General Education Requirements may NOT be substituted using this form. Exceptions may be requested by petition to the Academic Standards Committee.