



Student Name: _____

ID#: _____

Program for which exception(s) are requested: _____

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

Required Course	Substituted Course*	Dept. Chair Signature & Date	Please provide a brief statement detailing how the substituted course fulfills the program learning objectives (PSLOs).

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

Required Course	Dept. Chair Signature & Date	How has the student met the PSLOs delivered in the waived requirement?

Non-Credit Requirement	Dept. Chair Signature & Date

Please Note: Exceptions to General Education Requirements require petition to the Academic Standards Committee. Contact the Records Office for information on the petition process.