Course Exception Form
Approved Course(s) for Major/Minor Requirements

STUDENT INFORMATION

Last Name: __________________________  First Name: __________________________  camel #: __________________________  Class Year: ________________

Course(s) to be approved to satisfy requirements in the following department/program:

Major: __________________________________________  Minor: __________________________

Concentration (if applicable): ______________________________________________________

Student Signature: __________________________  Date: ____________________________

DEPARTMENTAL APPROVAL

The following course(s) should be applied to the student’s academic record in Degree Works as follows:

1. Course Subject: ______________________  Course Number: ______________________
   Course Title: _________________________________________________________________
   Transfer Institution (if applicable): _____________________________________________
   To be used to satisfy the following course requirement:
   Satisfies Course Requirement (please specify/be exact): ______________________________
   and/or is a course substitution for Course Subject: ______________________  /Course Number: ______________________

2. Course Subject: ______________________  Course Number: ______________________
   Course Title: _________________________________________________________________
   Transfer Institution (if applicable): _____________________________________________
   To be used to satisfy the following course requirement:
   Satisfies Course Requirement (please specify/be exact): ______________________________
   and/or is a course substitution for Course Subject: ______________________  /Course Number: ______________________

3. Course Subject: ______________________  Course Number: ______________________
   Course Title: _________________________________________________________________
   Transfer Institution (if applicable): _____________________________________________
   To be used to satisfy the following course requirement:
   Satisfies Course Requirement (please specify/be exact): ______________________________
   and/or is a course substitution for Course Subject: ______________________  /Course Number: ______________________

SIGNATURES

Please note that your signature below indicates approval of the above. If you are not in agreement, please do not sign the form.

Faculty Adviser  __________________________________________  __________________________  __________________________
Dept/Program Chair  __________________________  __________________________  __________________________

Department/Program Chair and Faculty Adviser Signatures are required; Department should retain a copy for their records
Return completed form to Registrar’s office via email/fax/scan or in person
Please contact registrar@conncoll.edu with questions about the use of this form