Course Exception Form - Approved Course(s) for Center Requirements

STUDENT INFORMATION

Last Name: ___________________________ First Name: ___________________________ Camel #: ___________ Class Year: _________ Date: ___________

Course(s) to be approved to satisfy requirements in the following Center: ___________________________ Student Signature: ___________________________

**NOT TO BE USED FOR PATHWAYS**

CENTER REQUIREMENT APPROVAL

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

1. Subject: _______ Course #: _______ Course Title: __________________________________________
   Transfer Institution (if applicable): _______________________________________________________
   Satisfies Course Requirement (please specify/be exact): ___________________________________

2. Subject: _______ Course #: _______ Course Title: __________________________________________
   Transfer Institution (if applicable): _______________________________________________________
   Satisfies Course Requirement (please specify/be exact): ___________________________________

3. Subject: _______ Course #: _______ Course Title: __________________________________________
   Transfer Institution (if applicable): _______________________________________________________
   Satisfies Course Requirement (please specify/be exact): ___________________________________

4. Subject: _______ Course #: _______ Course Title: __________________________________________
   Transfer Institution (if applicable): _______________________________________________________
   Satisfies Course Requirement (please specify/be exact): ___________________________________

REQUIRED SIGNATURES – Centers should retain a copy of form for their records

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

Center Director
Associate/Assistant

Printed Name __________________________________ Signature ___________________________ Date ___________

Return completed form to Registrar’s office, Fanning 105