Course Exception Form
Approved Course(s) for Center Requirements

STUDENT INFORMATION

Last Name: ___________________________ First Name: ___________________________ Camel #: ___________________ Class Year: __________

Course(s) to be approved to satisfy requirements in the following Center: __________________________________________________________

Student Signature: ____________________________________________ Date: __________________________

CENTER REQUIREMENT 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): ______________________________________________

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): ______________________________________________

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): ______________________________________________

4. 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): ______________________________________________

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 ____________________________________________________________________________
Associate/Printed Name ___________________________ Signature __________________________ Date __________________________
Director

Return completed form to Registrar’s office via email/fax/scan or in person