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: __________________________________________________________

**NOT TO BE USED FOR PATHWAYS**

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. Subject: ________ Course #: __________ Transfer Institution (if applicable): __________________________
   Course Title: _____________________________________________________________________________
   To be used to satisfy the following course requirement:
   Satisfies Course Requirement (please specify/be exact): __________________________________________
   _______________________________________________________________________________________

2. Subject: ________ Course #: __________ Transfer Institution (if applicable): __________________________
   Course Title: _____________________________________________________________________________
   To be used to satisfy the following course requirement:
   Satisfies Course Requirement (please specify/be exact): __________________________________________
   _______________________________________________________________________________________

3. Subject: ________ Course #: __________ Transfer Institution (if applicable): __________________________
   Course Title: _____________________________________________________________________________
   To be used to satisfy the following course requirement:
   Satisfies Course Requirement (please specify/be exact): __________________________________________
   _______________________________________________________________________________________

4. Subject: ________ Course #: __________ Transfer Institution (if applicable): __________________________
   Course Title: _____________________________________________________________________________
   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 Director ____________________________ ____________________________ ____________________________
Associate/Assistant Printed Name Signature Date

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