

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/
Director

Printed Name

Signature

Date

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