

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			
	Printed Name	Signature	Date
Dept/Program Chair			
	Printed Name	Signature	Date

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