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: ___________________________

Major 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: ___________________________

REQUIRED SIGNATURES - Department 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.

Faculty Adviser ___________________________ Printed Name ___________________________ Signature ___________________________ Date __________________________
Dept/Program Chair ___________________________ Printed Name ___________________________ Signature ___________________________ Date __________________________

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