Connecticut College  Course Exception Form  Approved Courses for Major/Minor Requirements

STUDENT INFORMATION

Last Name: __________________________ First Name: __________________________ Class Year: __________
Camel #: __________________________

Course(s) to be approved to satisfy requirements in the following department/program:  Check ONE

☐ Major

☐ Minor

Which Major or Minor? ______________

(MAJOR, and concentration if applicable/MINOR must be declared already)

Student Signature: REQUIRED __________________________ Date: __________________________

DEPARTMENTAL APPROVAL The following course(s) should be applied to the student’s degree audit in Degree Works

Course(s) listed below must be indicated exactly as they appear on the academic record, so that they can be applied correctly on
the audit; correct cross-listing must be noted. Course exceptions cannot be applied until courses are on the student’s academic
record. The chair should contact degree@conncoll.edu for a “force complete” if course requirement is not applicable for student.

1. Course Subject Code: _______________ Course Number: _______________

   Course Title: __________________________

   Transfer Institution (if applicable): __________________________

   To be used to satisfy the following major/minor requirement in Degree Works (please specify/be exact):

   _____________________________________________________________

2. Course Subject Code: _______________ Course Number: _______________

   Course Title: __________________________

   Transfer Institution (if applicable): __________________________

   To be used to satisfy the following major/minor requirement in Degree Works (please specify/be exact):

   _____________________________________________________________

3. Course Subject Code: _______________ Course Number: _______________

   Course Title: __________________________

   Transfer Institution (if applicable): __________________________

   To be used to satisfy the following major/minor requirement in Degree Works (please specify/be exact):

   _____________________________________________________________

REQUIRED SIGNATURES in addition to student signature above - 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, Fanning 105