Course Exception Form Approved Courses for Pathway Requirements

Degree Works is not intended to represent students' own perceptions of their Pathway, but to verify that they have satisfied the basic requirements. Substitutions will not be made if there is another course that already satisfies a particular requirement. Information relating to specific requirements does not appear on a student's transcript and will not be visible to anyone outside the College.

STUDENT INFORMATION

| Las | t Name: | First Name: | Camel #: | Class Year | Pathway: | |
|---|--|-------------------------|--------------------------------------|---------------------------|--|--|
| PA | THWAY CURRICULAR ITINERARY | COURSE APPROVAL The fo | ollowing course(s) should be applied | d to the student's acader | nic record in Degree Works as follows: | |
| 1. | Course Subject: | Course Number: | Semester Taken _ | | | |
| | Course Title: | | | | | |
| | Transfer Institution (if applicable) |): | | | | |
| To be used to satisfy the following Pathway Mode Course (check one): | | | | | | |
| | Pathway MODE A | Pathway MODE B | Pathway MODE C | Pathway MODE D | Pathway MODE E | |
| 2. | Course Subject: | Course Number: | Semester Taken _ | | | |
| | Course Title: | | | _ | | |
| | Transfer Institution (if applicable) |): | | | | |
| | To be used to satisfy the follow | ving Pathway Mode Cours | se (check one): | | | |
| | Pathway MODE A | Pathway MODE B | Pathway MODE C | Pathway MODE D | Pathway MODE E | |
| 3. | Course Subject: | Course Number: | Semester Taken | | | |
| | Course Title: | | | _ | | |
| | Transfer Institution (if applicable) |): | | | | |
| | To be used to satisfy the following Pathway Mode Course (check one): | | | | | |
| | Pathway MODE A | Pathway MODE B | Pathway MODE C | Pathway MODE D | Pathway MODE E | |
| RE | QUIRED SIGNATURES | | | | | |
| Student Signature Date: Please note that your signature below indicates approval of the above. If you are not in agreement, please do not sign the form. Pathway Coordinator should retain copy for records. | | | | | | |
| Pat | thway Coordinator | | | | | |
| ۸۰۰ | istant Dean of the | Printed Name | 9 | Signature | Date | |
| College for Connections | | Printed Name | | Signature | Date | |