Course Exception Form
Approved Course(s) 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 hence will not be visible to anyone outside Connecticut College.

STUDENT INFORMATION

Last Name: _________________________ First Name: _________________________ Camel #: ______________ Class Year: _____________

Course(s) to be approved to satisfy requirements in the following Pathway: __________________________________________________

Student Signature: ________________________________________________ Date: ______________________

PATHWAY 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 – Pathway Coordinator should retain a copy of form for their records

*Curricular Itinerary Approval requires signature of Associate Dean of the College for Curriculum

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
Printed Name ________________________ Signature ________________________ Date ______________

*Associate Dean of the College for Curriculum
Printed Name ________________________ Signature ________________________ Date ______________

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