

Course Exception Form

Approved Course(s) for Pathway Requirements

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