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.

<table>
<thead>
<tr>
<th>Pathway Coordinator</th>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Associate Dean of the College for Curriculum</td>
<td>Printed Name</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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