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

Last Name: ___________________________________ First Name: __________________ Camel #: ______________ Class Year: _______ Pathway: __________________________

PATHWAY CURRICULAR ITINERARY COURSE APPROVAL

The following course(s) should be applied to the student’s academic 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 following Pathway Mode Course (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

REQUIRED 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.

Pathway Coordinator _______________________________________________________________ Printed Name ___________________________ Signature ___________________________ Date _______________

Assistant Dean of the _______________________________________________________________ Printed Name ___________________________ Signature ___________________________ Date _______________

College for Connections __________________________________________________________ Printed Name ___________________________ Signature ___________________________ Date _______________

Return completed form to Registrar’s office, Fanning 105
