



Course Exception Approval Form

Student's Name: _____ **ID #:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Curriculum: _____

Approved Substitute(s)			Required Courses(s)		
Course #	Course Title	Credits	Course #	Course Title	Credits

Remarks or Justification:

Student Signature

Date

Approved:

Faculty Advisor of Student's Curriculum

Date

Division Dean of Student's Curriculum

Date