



Course Exception Approval Form

Student Name: _____ **EMPLID:** _____

Program Plan (Please only list plan(s) that exception will apply towards.)

Plan Number	Plan Name

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