Course Exception Form
Approved Course(s) for Center Requirements

_____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Camel #:_____ Class Year: _____

Course(s) to be approved to satisfy requirements in the following Center:_____
NOT TO BE USED FOR PATHWAYS

Student Signature: _____ Date: _____

_____

CENTER REQUIREMENT APPROVAL

The following course(s) should be applied to the student's academic record in Degree Works as follows:

1. **Subject: _____ Course #: _____** Transfer Institution (if applicable): _____

   Course Title: _____

   To be used to satisfy the following course requirement:

   Satisfies Course Requirement (please specify/be exact): _____

   _____

2. **Subject: _____ Course #: _____** Transfer Institution (if applicable): _____

   Course Title: _____

   To be used to satisfy the following course requirement:

   Satisfies Course Requirement (please specify/be exact): _____

   _____

3. **Subject: _____ Course #: _____** Transfer Institution (if applicable): _____

   Course Title: _____

   To be used to satisfy the following course requirement:

   Satisfies Course Requirement (please specify/be exact): _____

   _____

4. **Subject: _____ Course #: _____** Transfer Institution (if applicable): _____

   Course Title: _____

   To be used to satisfy the following course requirement:

   Satisfies Course Requirement (please specify/be exact): _____

   _____

_____

REQUIRED SIGNATURES – _Centers should retain a copy of form for their records_

Please note that your signature below indicates approval of the above. If you are not in agreement, please do not sign the form.

Center Director   _____   _____   _____
Associate/Assistant   Printed Name   Signature   Date

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