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 hence will not be visible to anyone outside Connecticut College.

STUDENT INFORMATION

Last Name: ___________________________________________ First Name: ___________________________ Camel #: ___________ Class Year: ________

Course(s) to be approved to satisfy requirements in the following Pathway: __________________________________________________________

STUDENT Signature REQUIRED: ___________________________ 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): ________________

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): ________________

REQUIRED SIGNATURES  *Curricular Itinerary Approval requires signature of Assistant Dean of the College for Connections

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 College for Connections
Printed Name ___________________________ Signature ___________________________ Date ________

Return completed form to Registrar’s office, Fanning 105