

APPLICATION FOR DEPARTMENT COURSE EXEMPTION Or SUBSTITUTION

I, _____, request (please circle one)
(Print Name)

EXEMPTION / SUBSTITUTION for

_____.

This request is based on previous studies listed below:

Course	School	Date	Grade	Credit
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Date: _____

Student Signature: _____

ATTENTION ,STUDENT, PLEASE INCLUDE WITH THIS APPLICATION:

- (1) A catalog description of the course(s) named above.
- (2) A copy of your academic record (transcript) documenting credit hour(s) and grade(s)

DEPARTMENT COURSE INSTRUCTOR(S)

(Signatures Required Of **ALL** Instructors Of The Course For Which Exemption Is Requested. Use Reverse side of this form if necessary)

RECOMMEND / DO NOT RECOMMEND

DATE: _____

COURSE IINSTRUCTORS

MAJOR ADVISOR

RECOMMEND / DO NOT RECOMMEND

DATE: _____

RECOMMENDATION OF STUDENT'S DEPARTMENT

APPROVE / DENY

RECOMMENDATION: _____

DATE: _____

DEPARTMENT CHAIRPERSON

ACADEMIC STATUS and DEGREES COMMITTEE RECOMMENDATION

APROVE / DENY

DATE: _____

CHAIRPERSON, ACADEMIC STATUS & DEGREES COMMITTEE