APPLICATION FOR CURRICULUM EXCEPTION

Students requesting a course substitution or waiver must:
1. Complete the following form
2. Attach justification
3. Include (if applicable) the published description & syllabus for the replacement course(s)
4. Include a copy of your DARS for the appropriate major & catalog year

NAME ____________________________________________
STUDENT ID ________________________________________
DATE _____________________________________________
MAJOR/MINOR _______________________________________
CATALOG YEAR ____________________________________
EMAIL _____________________________________________
PHONE _____________________________________________

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<tr>
<th>REQUIREMENT(S) TO BE WAIVED/SUBSTITUTED</th>
<th>COURSE(S) TO BE USED TO REPLACE REQUIREMENT(S) (IF APPLICABLE)</th>
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JUSTIFICATION
Please explain why this substitution should be approved. You may address why the course is equivalent. Please attach a separate sheet of paper.

DEPARTMENTAL ACTION (to be filled out by the department):
APPROVED___________ DENIED_____________

COMMENTS:
________________________________________________________________________
________________________________________________________________________

APPROVED BY ____________________________

DEPARTMENTAL POSITION __________________________ SIGNATURE ____________________