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 _____________________________________

<table>
<thead>
<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_________ PARTIAL APPROVAL_________ DENIED_________

COMMENTS:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

APPROVED BY:

AREA HEAD ___________________________________ SIGNATURE __________________________

DEPARTMENT CHAIR (for Theatre Core classes only)
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
SIGNATURE __________________________