

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 _____

REQUIREMENT(S) TO BE WAIVED/SUBSTITUTED			COURSE(S) TO BE USED TO REPLACE REQUIREMENT(S) (IF APPLICABLE)						DEPT. USE <i>If approved, initial here</i>
SUBJECT	CATALOG #	CREDIT HOURS	TERM/ YEAR	SUBJECT	CATALOG #	CREDIT HOURS	INSTITUTION	GRADE	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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 _____