

# Course Exception Form

## Approved Course(s) for Major/Minor Requirements

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### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Camel #: \_\_\_\_\_ Class Year: \_\_\_\_\_

Course(s) to be approved to satisfy requirements in the following department/program:

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Concentration (if applicable): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### DEPARTMENTAL 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): \_\_\_\_\_

and/or is a course substitution for Course Subject: \_\_\_\_\_ /Course Number: \_\_\_\_\_

**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): \_\_\_\_\_

and/or is a course substitution for Course Subject: \_\_\_\_\_ /Course Number: \_\_\_\_\_

**3. 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): \_\_\_\_\_

and/or is a course substitution for Course Subject: \_\_\_\_\_ /Course Number: \_\_\_\_\_

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### SIGNATURES

Please note that your signature below indicates approval of the above. If you are not in agreement, please do not sign the form.

Faculty Adviser			
	Printed Name	Signature	Date
Dept/Program Chair			
	Printed Name	Signature	Date

**Department/Program Chair and Faculty Adviser Signatures are required; Department should retain a copy for their records**  
**Return completed form to Registrar's office via email/fax/scan or in person**  
**Please contact [registrar@conncoll.edu](mailto:registrar@conncoll.edu) with questions about the use of this form**