



# Course Exception Form

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
**Student ID** \_\_\_\_\_ **Program** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Semester** \_\_\_\_\_ **Year** \_\_\_\_\_

**Reason for Exception**

- Waive co-requisite or pre-requisite requirement (Department Chair Approval required)
- Request to add an additional seat to a closed section (Instructor Approval required)
- Override maximum credits (Advisor Approval required)

**First Course**

CRN	Course	Sec	Course Title	Day	Time	Instructor

- Request Approved  Request Denied

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME AND SIGN

- Request Approved  Request Denied

Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME AND SIGN

**Second Course**

CRN	Course	Sec	Course Title	Day	Time	Instructor

- Request Approved  Request Denied

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME AND SIGN

- Request Approved  Request Denied

Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME AND SIGN

**Credit Load Approval**

Credit load requested: \_\_\_\_\_

- Request Approved  Request Denied

Advisor : \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME AND SIGN

By signing below, I acknowledge that I will be responsible for the full tuition and fees unless I officially drop courses before the end of the schedule adjustment period.

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