



Course Exception Form

Last Name _____ **First Name** _____

Student ID _____ **Program** _____

Email _____ **Phone** _____

Semester _____ **Year** _____

Reason for Exception

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