

REQUEST FOR ACADEMIC EXEMPTION OR SUBSTITUTION

NAME _____
(Last, First, Middle Initial) _____ Expected Graduation Date _____

BANNER ID NO. CURRENT CLASS STANDING: _____ FR SO JN SR

TERM ENTERED _____ CORE CURRICULUM COMMON CURRICULUM

MAJOR or MINOR REQUIREMENT _____
or

CORE/Common CURRICULUM or GENERAL COLLEGE REQUIREMENT _____

SUBSTITUTION _____
or (Course, where completed, term completed)

EXEMPTION

SUMMARY OF RATIONALE _____

APPLICANT'S SIGNATURE _____ DATE _____

FACULTY ADVISOR'S SIGNATURE (when appropriate) _____ DATE _____

APPROVED REASON: _____

APPROVED PENDING COMPLETION OF ABOVE WORK _____

NOT APPROVED _____

SIGNATURE** _____ DATE _____

** Department Chair for Major or Minor Requirement.
Director of Academic Advising or Academic Dean for Core or General Requirement.

PLEASE MAKE A COPY FOR YOUR RECORDS

OFFICE USE ONLY
Entered _____