



Undergraduate Degree Plan Exception Form

Student's Name _____ Student's I.D. _____

Degree/Major _____

Concentration/Option(if any) _____ Certification(if any) _____ Minor(if any) _____

Degree Plan Catalog Year _____ Graduation Term _____

- Waivers: (Please Check)** 45 Upper Level Hours *Foreign Language *Computer Literacy
 *University Residency Hours *120 Total Degree Plan Hours *Six Year Catalog Rule
 Upper Level Hours for Lower Level Hours Lower Level Hours for Upper Level Hours
 Substitution Other: _____

Substitutions: (Must provide competencies comparable with the required courses)

Required Course Listed / Credit Hours

Course to be Substituted / Credit Hours

JUSTIFICATION : _____

X _____
Student signature

Date _____

Signatures of Academic Advisor and/or Faculty Mentor, Department Chairperson, and the Dean are necessary for a course substitution to be considered final. This form must be obtained from your College only.

X _____
Academic Advisor and/or Faculty Mentor signature

Date _____

X _____
Department Chairperson or Dean's Designee signature (if applicable)

Date _____

X _____
College Dean signature

Date _____

X _____
**University Registrar signature (if applicable)

Date _____

**Signature of Provost (if applicable)

* Items marked with an asterisk require Registrar review & Provost's final review and signature.

To be completed by the Registrar's Office:

Processed by: _____ Date: _____

Return form to University Registrar's Office