

## Undergraduate Degree Plan Exceptions 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  
 Other: \_\_\_\_\_

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

Required Course Listed / Credit Hours

Course to be Substituted / Credit Hours

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JUSTIFICATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
Student signature

Signatures of Academic Advisor, Department Chairperson, and the Dean or Associate Dean are necessary for a course substitution to be considered final.

X \_\_\_\_\_ Date \_\_\_\_\_  
Academic Advisor signature

X \_\_\_\_\_ Date \_\_\_\_\_  
Department Chairperson or Dean's Designee signature (if applicable)

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of College Dean

**\* Items marked with an asterisk require Provost's Signature**

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Provost (if applicable)

For Office Use Only

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to SSC 109B in the Registrar's Office. [form updated: 01/03/2012]