Graduate 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) □ *University Residency Hours □ *Total Degree Plan Hours
□ *Seven Year Catalog Rule □ Other: __________________

Degree Plan Substitutions: (Must provide competencies comparable with required courses)

<table>
<thead>
<tr>
<th>Required Course Listed / Credit Hours</th>
<th>Course to be Substituted / Credit Hours</th>
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JUSTIFICATION: ______________________________________________________

Provide any info (i.e. catalog description, transcript) that supports this request or attach a letter of explanation.

X ___________________________________________ Date __________
Student Signature

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

X ___________________________________________ Date __________
Academic Advisor Signature (or Dean’s designee)

X ___________________________________________ Date __________
Department Chairperson Signature (if applicable)

X ___________________________________________ Date __________
Signature of College Dean

* Items marked with an asterisk require Graduate Dean’s Signature

X ___________________________________________ Date __________
(Signature of Graduate Dean)

For Office Use Only  Graduate: ______ Date: ______ | A&R: ______ Date: ______

11/11/2004