



**REQUEST FOR EXCEPTION TO THE
INSTITUTIONAL CORE REQUIREMENTS
FOR AN ASSOCIATES DEGREE**

SECTION I: To be filled out by the student and returned to the Chair of the Department overseeing the Program of Study (Program Chair).

Student Name: _____ Student Number: _____

Address: _____

Phone: _____ Email: _____

Cell Phone: _____

Please check the appropriate box to indicate your preferred method of contact.

Curriculum Guide you are following _____ Year of Guide _____

Core course for which you are requesting a substitution: _____

Course you would like to substitute for the core requirement: _____

State in detail the reason you are requesting this substitution. Attach any supporting documentation:

State in detail why you don't have the time or ability to take the required core course:

Signature: _____ Date: _____

SECTION II: *Office Use Only*

A) Chair Approval: This section is to be completed by the Program Chair after consultation with the Chair of the Department which houses the discipline in which the general credit was received (Core Chair)

Core Chair Determination: Name _____ Date _____

Core Chair Approve? Yes (forward to Program's Instructional Office)

No (return to Program's Chair for student notification)

Comments:

Instructional Office Signature: _____ Date: _____

Copy sent to Registrar (by Program's Instructional Office if approved)

Written notification sent to student (by Program's Instructional Office if approved)

SECTION II (cont.)

B) Completed by Program's Instructional Office

Program's Instructional
Office Concurs:

Yes (forward to Registrar)

No (return to Program's Chair for student notification)

Comments:

Instructional Office Signature: _____ Date: _____

Copy sent to Registrar (by Program's Instructional Office)

Written notification sent to student (by Program's Instructional Office)