

Course Exception Form

Approved Courses for Pathway Requirements

Degree Works is not intended to represent students' own perceptions of their Pathway, but to verify that they have satisfied the basic requirements. Substitutions will not be made if there is another course that already satisfies a particular requirement. Information relating to specific requirements does not appear on a student's transcript and will not be visible to anyone outside the College.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Camel #: _____ Class Year: _____ Pathway: _____

PATHWAY CURRICULAR ITINERARY COURSE APPROVAL The following course(s) should be applied to the student's academic record in Degree Works as follows:

1. Course Subject: _____ **Course Number:** _____ **Semester Taken** _____

Course Title: _____

Transfer Institution (if applicable): _____

To be used to satisfy the following Pathway Mode Course (check one):

___ Pathway MODE A ___ Pathway MODE B ___ Pathway MODE C ___ Pathway MODE D ___ Pathway MODE E

2. Course Subject: _____ **Course Number:** _____ **Semester Taken** _____

Course Title: _____

Transfer Institution (if applicable): _____

To be used to satisfy the following Pathway Mode Course (check one):

___ Pathway MODE A ___ Pathway MODE B ___ Pathway MODE C ___ Pathway MODE D ___ Pathway MODE E

3. Course Subject: _____ **Course Number:** _____ **Semester Taken** _____

Course Title: _____

Transfer Institution (if applicable): _____

To be used to satisfy the following Pathway Mode Course (check one):

___ Pathway MODE A ___ Pathway MODE B ___ Pathway MODE C ___ Pathway MODE D ___ Pathway MODE E

REQUIRED SIGNATURES

Student Signature _____ Date: _____

Please note that your signature below indicates approval of the above. If you are not in agreement, please do not sign the form. Pathway Coordinator should retain copy for records.

Pathway Coordinator

_____ Printed Name

_____ Signature

_____ Date

**Assistant Dean of the
College for Connections**

_____ Printed Name

_____ Signature

_____ Date

Return completed form to Registrar's office, Fanning 105