SUBSTITUTION/EXEMPTION/CATALOG EXTENSION REQUEST FORM

STUDENT: _______________________________________________    STU #: ________________________________
CATALOG YEAR: ___________________      INTENDED GRADUATION DATE:  ________________________________
MAJOR: _________________________________________ EMPHASIS: ___________________________________
MINOR: _________________________________________

COURSE SUBSTITUTIONS & EXEMPTIONS MUST BE COMPLETED WITHIN 1 YEAR FROM DATE OF DEPARTMENT CHAIR SIGNATURE.

<table>
<thead>
<tr>
<th>THIS IS A COURSE</th>
<th>SUBSTITUTION</th>
<th>EXEMPTION</th>
<th>REQUEST FOR THE FOLLOWING PROGRAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAJOR (Final Approval-Dept)</td>
<td>MINOR (Final Approval-Dept)</td>
<td>GENERAL EDUCATION (Final Approval-Registrar)</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE ACCEPT THE FOLLOWING COURSE EXEMPTION AND/OR SUBSTITUTION:
________________________________________________________________
(course(s) to be used as substitution; if exemption, so note & explain below)

IN LIEU OF:
__________________________________________________________________
(course(s) required in the major or minor)

POLICY EXCEPTION:
REQUEST FOR A CATALOG EXTENSION. DATE INTEND TO COMPLETE REQUIREMENTS: __________________________

REASON FOR REQUEST:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

_____________________________________________
STUDENT SIGNATURE & DATE

COMMENTS: ______________________________________________________________________________
________________________________________________________________________________________

______________________________________          ______________________________________________
Advisor Printed Name                                                                             Advisor Signature & Date

COMMENTS: ______________________________________________________________________________
________________________________________________________________________________________

______________________________________          ______________________________________________
*DEPT. CHAIR PRINTED NAME                                                                   *DEPARTMENT CHAIR SIGNATURE & DATE
*If requesting a General Education course substitution, form requires signature of department chair of that course; all others require signature of department chair of your major or minor.

APPROVED          NOT APPROVED       ________________________________________________
REGISTRAR SIGNATURE NOT REQUIRED  REGISTRAR SIGNATURE & DATE

(Return this completed form to the Office of the Registrar, 300 Taylor)

Revised 7/11/2014