College Exception Form – **HELP SHEET**

This form is to be used for exceptions relating to requirements set by the Colleges of Arts and Sciences, Business and Technology, Education, Health Sciences, and Justice and Safety.
NOTE: Original Form must be sent to the Registration Center, SSB CPO 58.

IMPORTANT: The College Exception Form is **NOT** to be used for exceptions relating to University policy, or General Education Requirements. For this type of exception please see
http://forms.eku.edu/getfile.php?file=Exception_Univ_Policy_Form.doc

To be completed by the **STUDENT. STUDENT MUST ALSO SIGN FORM (see notes at bottom)**

Name: _____ **ID #:** _____

Address: _____ **Phone:** _____

_____ **Major:** _____

Total Hours Completed: _____ **Catalog Yr:** _____

Cum. GPA: _____ **Term to be applied:** _____ **Advisor:** _____

To be completed by the **ADVISOR, ACADEMIC SPECIALIST, or COLLEGE PROCESSOR**

TYPE OF EXCEPTION REQUESTED (CHECK ALL THAT APPLY)

o **Course Substitution: (attach additional sheet if needed)**

_____ **for** _____

_____ **for** _____

_____ **for** _____

To Be Completed By College Processor

_____ **(pseudo)**

_____ **(pseudo)**

_____ **(pseudo)**

o **Course Waivers:** **1)**_____ **2)**_____
(waive this course) **(waive this course)**

o **Overload Request: Allow student to take** _____ **hrs.**

o **Second or Subsequent Repeats:** _____ _____
(course(s) for which repeat is requested) **(term course will be repeated)**

o **Pre-requisite waiver:** _____
(Allow student to register for this course without meeting pre-req)

o **Major Restriction(s):** _____

o **Class Restriction: Allow student to register for** _____**(course or courses)**

Other (explain in detail): _____

All appropriate signatures must be obtained.

_____
Student Date

Student Signature

_____ ☐ Recommend ☐ Not Recommend Comment: _____
Advisor Date

_____ ☐ Recommend ☐ Not Recommend Comment: _____
College Dept. Chair Date

_____ ☐ Approve ☐ Disapprove Comment: _____
College Dean or Assoc. Dean Date

To be completed by College Processor (Academic Specialist)

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Date Processed: _____ Processed By: _____

Copied by Processor to (check all): ☐ Student ☐ College Office ☐ Advisor ☐ Registration Center (original copy)
Date Copies Sent to Above: _____