EASTERN KENTUCKY UNIVERSITY
COLLEGE EXCEPTION FORM
(Use the “Request for Exception to Academic Policy Form” for University exception)
College of: ☐ A&S  ☐ B&T  ☐ Education  ☐ Health Sciences  ☐ J&S  ☐ Enrollment Mgt.

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID #:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Phone:</td>
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<tr>
<td></td>
<td>Major:</td>
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<tr>
<td>Total Hours Completed:</td>
<td>Catalog Yr:</td>
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<tr>
<td>Cum. GPA:</td>
<td>Term to be Applied:</td>
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**TYPE OF EXCEPTION REQUESTED (CHECK ALL THAT APPLY)**

- Course Substitution: (attach additional sheet if needed)
  - ____________________ for ____________________ (pseudo)
  - ____________________ for ____________________ (pseudo)
  - ____________________ for ____________________ (pseudo)

- Course Waivers:
  - 1) ____________________ (waive this course)
  - 2) ____________________ (waive this course)

- Overload Request: Allow student to take ____________________ hrs.

- Second or Subsequent Repeats:
  - ____________________ (course(s) for which repeat is requested)
  - (term course will be repeated)

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

- Major Restriction(s):
  - ____________________

- Class Restriction: Allow student to register for ____________________ (course or courses)

Other (explain in detail):

**JUSTIFICATION FOR ABOVE REQUEST**

________________________________________________________________________________________

________________________________________________________________________________________

**SIGNATURES/DATES REQUIRED**

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<tr>
<th>Student</th>
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Advisor

Date

☐ Recommend  ☐ Not Recommend  Comment:

College Dept. Chair

Date

☐ Recommend  ☐ Not Recommend  Comment:

College Dean or Assoc. Dean

Date

☐ Approve  ☐ Disapprove  Comment:

**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: ____________________