

Course Exception Form

Approved Course(s) 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 hence will not be visible to anyone outside Connecticut College.

STUDENT INFORMATION

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

Course(s) to be approved to satisfy requirements in the following Pathway: _____

Student Signature: _____ Date: _____

PATHWAY APPROVAL

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

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

Course Title: _____

Transfer Institution (if applicable): _____

To be used to satisfy the following course requirement:

Satisfies Course Requirement (please specify/be exact): _____

and/or is a course substitution for Course Subject: _____ /Course Number: _____

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

Course Title: _____

Transfer Institution (if applicable): _____

To be used to satisfy the following course requirement:

Satisfies Course Requirement (please specify/be exact): _____

and/or is a course substitution for Course Subject: _____ /Course Number: _____

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

Course Title: _____

Transfer Institution (if applicable): _____

To be used to satisfy the following course requirement:

Satisfies Course Requirement (please specify/be exact): _____

and/or is a course substitution for Course Subject: _____ /Course Number: _____

REQUIRED SIGNATURES – Pathway Coordinator should retain a copy of form for their records

***Curricular Itinerary Approval requires signature of Assistant Dean of the College for Connections**

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	_____	_____	_____
	Printed Name	Signature	Date

*Assistant Dean of the College for Connections	_____	_____	_____
	Printed Name	Signature	Date

Return completed form to Registrar's office via email/fax/scan or in person