



Office of the National Registrar

EXEMPTION FORM

Campus		Major/Program	
Last Name		First	Middle
Phone Number ()		Email Address	
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____			
Department		Department Head	

This student is exempt from the following prescribed courses:

Course #	Course Name	Credit

** The following course(s) or course of study must be programmed for credit to be awarded. No credit will be listed on a transcript without written notification that the student has completed the alternate requirements.

Student Signature	Date
Faculty Signature	Date

Credit codes are as follows: Exempt without credit - EWC
 Exempt pending completion of alternate requirements - EPC
 Exempt with credit - LIST AMOUNT OF CREDIT TO BE AWARDED