EXEMPTION-OR-SPECIAL SUBSTITUTION REQUEST
(please submit a separate form for each subject area)

Student Name____________________________________
(please submit a separate form for each subject area)

I.D. #___________________________________________
(please print)

Program of Study_________________________________

First Term Enrolled: (MO)_____________ (YR)_______

Area in which exemption or special substitution is
requested_______________________________________

A. RELEVANT COURSE(S) COMPLETED OR COURSE(S) TO BE SUBSTITUTED:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Department</th>
<th>Course No.</th>
<th>Title</th>
<th>Credit</th>
<th>Grade</th>
<th>Yr Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. EXEMPTION BY EXAMINATION:

Course____________________________    Date of Examination_________________________    Grade____________

APPROVED: _______________________________________________________________________________________________

DEPT CURRICULUM COMMITTEE CHAIR SIGNATURE                                      DATE

APPROVED: _______________________________________________________________________________________________

SCHOOL REGISTRAR SIGNATURE                                              DATE