COURSE EXEMPTION/SUBSTITUTION

The exemption or substitution of any course in the curriculum requires the approval of the Program Director. In the case of a course exemption, the instructor of that course may examine the student in written or oral fashion, or review previous course materials (e.g., syllabus, papers, and examinations). The student should discuss this with the current instructor of the course, have this form completed and then submit it to the Program Office for processing. It will then be filed in the student's academic folder.

This request is for: ☐ Exemption (see below)   ☐ Substitution (syllabus & course description required for proposed course)

Student Name _____   ☐ Fall ☐ Spring ☐ Summer   _____
(term in which you are requesting to exempt/substitute)   Year

_____   _____
Course # to exempt/substitute   Course title
(ex: CLP XXXX, PSY XXXX)

If you are requesting to substitute a course, indicate the course # and title below for the course you are proposing to take in lieu of the one above: _____   _____
(ex: CLP XXXX, PSY XXXX)   Course Title

FOR EXEMPTIONS:
You will need to meet with the instructor or Area Head and provide the rationale for your request and any backup the instructor may need (syllabi, courses description, certifications etc). The rational and backup items should be attached to this form and provided to the instructor/Area Head. He/she will then indicate the decision below and forward to the Program Office. Note that this form with the decision may be given back to you to turn into the Program Office. It is the student's responsibility to ensure the form is returned and processed.

INSTRUCTOR / AREA HEAD DECISION

☐ Approved: The student has demonstrated knowledge equivalent to that   of someone who has successfully completed the course.

☐ Conditional Approval: The student must first complete the following assignment(s)/test(s) & conditions:

_____

_____

☐ Denied: The student has not successfully demonstrated sufficient knowledge

_____   _____   _____
Instructor Signature   Instructor Name Printed   Date

PROGRAM OFFICE USE

☐ Approved   ☐ Conditions for exemptions met, if applicable

☐ Denied

_____
Date conditions met (fall 2010, date, etc)

_____   _____
Program Director   Date