Connecticut College Course Exception Form
Approved Courses for MAJOR or MINOR Requirements

STUDENT INFORMATION

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

Course(s) have been approved to satisfy requirements in the following department/program: *Check ONE*

☐ Major ☐ Minor Which Major or Minor? _____
(MAJOR, and concentration if applicable/MINOR must be declared already)

Student Signature: REQUIRED _____ Date: _____

DEPARTMENTAL APPROVAL The following course(s) should be applied to the degree audit in Degree Works
Course(s) listed below must be indicated exactly as they appear on the academic record, so that they can be applied correctly on the audit; correct cross-listing must be noted. **Course exceptions cannot be applied until courses are on the student's academic record.** The chair should contact degree@conncoll.edu for a "force complete" if course requirement is not applicable for student.

1. **Course Subject Code: _____ Course Number: _____**
   Course Title: _____
   Transfer Institution (if applicable): _____
   Apply to audit here - Specify EXACT Requirement on audit to be fulfilled (Do not state "for the major/minor"):
   _____
2. **Course Subject Code: _____ Course Number: _____**
   Course Title: _____
   Transfer Institution (if applicable): _____
   Apply to audit here - Specify EXACT Requirement on audit to be fulfilled (Do not state "for the major/minor"):
   _____
3. **Course Subject Code: _____ Course Number: _____**
   Course Title: _____
   Transfer Institution (if applicable): _____
   Apply to audit here - Specify EXACT Requirement on audit to be fulfilled (Do not state "for the major/minor"):
   _____

THIS FORM IS ONLY FOR MAJOR OR MINOR REQUIREMENTS. *IF A TRANSFER COURSE POTENTIALLY MEETS CRITERIA TO SATISFY A CONNECTIONS COMPONENT, THE STUDENT SHOULD REACH OUT AS FOLLOWS:*

- Language Course – Contact the chair of the specific language department for evaluation of transfer coursework. If the chair determines the course will count toward the language requirement, they will contact the registrar's office.
- Mode of Inquiry – Contact curriculum@conncoll.edu with a syllabus and request to evaluate transfer coursework. The registrar's office will coordinate review with the Mode Consultants and communicate the status of the request.

REQUIRED SIGNATURES in addition to student signature above

REVIEW CAREFULLY BEFORE SIGNING

Please note that your signature below indicates approval of the above - If you are not in agreement, please do not sign the form

Faculty Adviser _____ _____ _____
Printed Name Signature Date

Major/Minor *CHAIR* _____ _____ _____
Printed Name Signature Date

Department and Student should check audit a week after form submission, to confirm accuracy of exception

Return completed form to Registrar's office, Fanning 105 **Department should retain a copy of form for their records**