

Course Substitution/Exception Request Form

(To be completed by the student)

Today's Date: _____

Expected Graduation Date: _____

Student's Name: _____

Major(s): _____

Contact Number: _____

Minor(s): _____

UCO Email: _____

- Requesting: Course Substitution
 Course Waiver
 Either

What degree requirement are you requesting a course substitution and/or waiver for?

Have you attempted or are you currently enrolled in a class that counts for this particular degree requirement? YES NO

If yes, what course(s)? _____

If yes, what semester(s)? _____

If yes, what university/college? _____

If yes, what disability accommodations did/do you have in place?

What barriers due to your disability support this course substitution/waiver (be specific)?

Administrative Notes:

Request: Approved Denied

Signature(s): _____

Date: _____

Please attach any supporting documentation to this form