GERMANNA
COMMUNITY COLLEGE

**COURSE
EXCEPTION FORM**

Student Full Legal Name (Please Print) First Name Middle Initial Last Name	Preferred Phone Number

Germanna Student ID Number							Current Term (Please Check)	Current Year
							Fall Spring Summer	20____

Program of Study: _____   **Catalog Year:** _____

Note: This exception applies **only** to the program of study listed above.

Proposed Exception Course			GCC Program Requirement		
Course Subject Section	GCC or Transfer	Credits	Course Subject Section	GCC or Transfer	Credits

Justification for Exception:

_____

_____

_____

Student Signature: _____   **Date:** _____

Advisor/Counselor/A&R Signature: _____   **Date:** _____

For Office Use Only:
<u>Academic Exception</u>
  Approved   Not Approved
(If not approved, return this form to advisor/counselor for student contact)

Comments:

Department *Chairperson or Dean: _____   Date: _____
*Chairperson of discipline associated with the GCC course(s) or appropriate division Dean