



# COURSE EXCEPTION FORM

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

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor/Counselor/A&R Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only:

**Academic Exception**

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**

**Financial Aid Exception**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
 (If not approved, return this form to advisor/counselor for student contact)

Comments:

Director of Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_