GERMANNA
COMMUNITY COLLEGE

Course Exception Request

Student Full Legal Name (Please Print): _____

Germanna Student ID Number: _____

Preferred Phone Number: _____

Current Term (Fall, Spring, or Summer): _____

Current Year: _____

Program of Study (including catalog year): _____

This exception will apply only to the program of study listed above.

For each request below list the course subject and section, whether it's being taken at Germanna or being transferred in from another college, and how many credits it's worth. Failure to include all necessary information may result in your request being denied.

Course #1:

Course required for program of study: _____

Proposed exception course: _____

Course #2:

Course required for program of study: _____

Proposed exception course: _____

Course #3:

Course required for program of study: _____

Proposed exception course: _____

Justification for Exception:

_____

_____

_____

Student's Name (Please Print): _____

Student's Signature: _____

Date: _____

Advisor's Name (Please Print): _____

Advisor's Signature: _____

Date: _____

Completed form should be sent to graduation@germanna.edu.

To be completed by the Department Chairperson of discipline associated with the requested GCC course(s) or appropriate Dean of Instruction.

☐ Approved   ☐ Not Approved

If not approved, return this form to advisor for student contact.

Comments:

_____

_____

Dean or Chair's Name (Please Print): _____

Dean or Chair's Signature: _____

Date: _____

Office Use Only

Person who entered exception in SIS: _____

Date of entry: _____