



EASTERN KENTUCKY UNIVERSITY
COLLEGE EXCEPTION FORM

(Use the "Request for Exception to Academic Policy Form" for University exception)

College of: [] [] A&S [] [] B&T [] [] Education [] [] Health Sciences [] [] J&S [] [] Enrollment Mgt.

Name: _____ EKU ID #: _____
Current Phone: _____ Major: _____
Total Hours Completed: _____ Catalog Yr: _____
Cum. GPA: _____ Term to be Applied: _____ Advisor: _____

TYPE OF EXCEPTION or APPROVAL REQUESTED (check all that apply)

- [] Course Substitution: (attach additional sheet if needed)
[] Overload Request: Allow student to take _____ hrs.
[] Second or Subsequent Repeats:
[] Pre-requisite waiver:
[] Course Waivers: (attach additional sheet if needed)
[] Major Restriction(s):
[] Class Restriction: Allow student to register for
Other (explain in detail)

JUSTIFICATION FOR ABOVE REQUEST (attach additional sheet if necessary)

SIGNATURES/DATES REQUIRED

Student _____ Date _____
Advisor _____ Date _____
College Dept. Chair _____ Date _____
College Dean or Assoc. Dean _____ Date _____
Graduate School Dean/Assoc. Dean _____ Date _____
(Graduate students only)

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

College Processing

[] Repeat Override [] Pre-requisite Waiver [] Major Restriction Override [] Class Restriction Override
Date Processed: _____ Processed By: _____
Copied by Processor to (check all): [] [] Student [] Advisor [] Registration Center (original copy) Date Copies Sent: _____

Registrar Processing

[] Substitutions [] Course Waivers [] Overload Hours
Date Processed: _____ Processed By: _____