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<th>College of:</th>
<th>□ A&amp;S</th>
<th>□ B&amp;T</th>
<th>□ Education</th>
<th>□ Health Sciences</th>
<th>□ J&amp;S</th>
<th>□ Enrollment Mgt.</th>
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**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)
  - for _______________________________
  - for _______________________________
  - for _______________________________
  - for _______________________________

- **Course Waivers:** (attach additional sheet if needed)
  1) _______________________________
  2) _______________________________
  3) _______________________________
  4) _______________________________

- **Overload Request:** Allow student to take _____________________ hrs.

- **Second or Subsequent Repeats:**
  - (course(s) for which repeat is requested)
  - (term course will be repeated)

- **Pre-requisite waiver:**
  - (Allow student to register for this course without meeting pre-req)

- **Major Restriction(s):** _______________________________

- **Class Restriction:** Allow student to register for
  - (course or courses)

- **Other (explain in detail):** _______________________________

### JUSTIFICATION FOR ABOVE REQUEST (attach additional sheet if necessary)

________________________________________________________________________________________

________________________________________________________________________________________

### SIGNATURES/DATES REQUIRED

<table>
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<tr>
<th>Role</th>
<th>Date</th>
<th>Recommend</th>
<th>Not Recommend</th>
<th>Comment</th>
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<tr>
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<tr>
<td>Advisor</td>
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<td>College Dept. Chair</td>
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(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:** ______________________

Revised 1/20/10