Name: ________________________________  EKU ID #: ________________________________

Current Phone: ________________________________  Major: ________________________________

Total Hours Completed: ________________________________  Catalog Yr: ________________________________

Cum. GPA: ________________________________  Term to be Applied: ________________________________

Advisor: ________________________________  Expected Graduation Term: ________________________________

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

- **Course Substitution:** (NOT Gen Ed Courses)
  - for ________________________________
  - for ________________________________
  - for ________________________________
  - for ________________________________

- **Course Waivers:** (NOT Gen Ed Courses)
  - 1) ________________________________
  - 2) ________________________________
  - 3) ________________________________
  - 4) ________________________________

- **Age of Course:** (apply 8yr old or older coursework)
  - 1) ________________________________
  - 2) ________________________________
  - 3) ________________________________
  - 4) ________________________________

- **Other (please explain):** ________________________________

**Requests Not Processed Using College Exception Form**
- Overload Requests (send email to reg.schedule@eku.edu)
- 2nd or Subsequent Repeat (college puts directly into Banner)
- Pre-requisite Waiver (dept. puts directly into Banner)
- Major Restriction (dept. puts directly into Banner)
- Class Restriction (college puts directly into Banner)

**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 (Graduate students only): ________________________________  Date: ________________________________

**Registrar Processing**

Date Processed: ________________________________  Processed By: ________________________________  Revised 01/18/12