



Request for: COURSE EXCEPTION

STUDENT INFORMATION:		Delta ID: _____	
Name: _____			
First	Middle	Maiden	Last
Address: _____			
Street Address	City	State	Zip
Phone: _____			
Home	Cell	Other	
Preferred E-Mail Address: _____		Secondary E-Mail Address: _____	
Major: _____		Certifications: _____	

REQUIRED COURSE(S):	ALTERNATE COURSE(S):
_____	_____
_____	_____
<p>This form documents that the above student is requesting to register for an ALTERNATE COURSE instead of the REQUIRED COURSE as listed in the current Curriculum Sheet. This is being done against the academic advice of the student's Advisor, unless specified in the Remarks section.</p> <p>By signing below, the student acknowledges responsibility for any consequences of this deviation from LDCC's current established curriculum.</p> <p>Student's Signature: _____ Date: _____</p> <p>This action is contrary to the following LDCC policy:</p> <p><input type="checkbox"/> Prerequisite policy (must complete pre-required course with a "C" or higher)</p> <p><input type="checkbox"/> Course Load Policy (18 credit hours for fall/spring or 12 credit hours for summer -6 hours per five week session)</p> <p><input type="checkbox"/> Established Course Curriculum</p> <p><input type="checkbox"/> Other Policy _____</p> <p>Remarks by Advisor or Dean: _____</p> <p>_____</p> <p>_____</p>	

FOR OFFICE USE ONLY:			
Approved _____	Denied _____	Signature of Advisor _____	Date _____
Approved _____	Denied _____	Signature of Dean of School _____	Date _____



Request for: COURSE SUBSTITUTION

STUDENT INFORMATION:				Delta ID: _____
Name:	_____	_____	_____	_____
	First	Middle	Maiden	Last
Address:	_____			
	Street Address	City	State	Zip
Phone:	_____			
	Home	Cell	Other	
Preferred E-Mail Address:	_____	Secondary E-Mail Address:	_____	
Major:	_____	Certifications:	_____	

REQUIRED COURSE(S):	SUBSTITUTED COURSE(S):	COURSE WAS TAKEN WHERE/WHEN:
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form documents that the above student is requesting a previously taken class be substituted for a required class as specified in the current Curriculum Sheet. This substitution is approved by the Student's Advisor and Dean, unless specified in the Remarks section.

By signing below, the student acknowledges responsibility for any consequences of this deviation from LDCC's current established curriculum.

Student's Signature: _____ **Date:** _____

Remarks by Advisor or Dean : _____

FOR OFFICE USE ONLY:			
Approved _____	Denied _____	_____	_____
		Signature of Advisor	Date
Approved _____	Denied _____	_____	_____
		Signature of Dean of School	Date