LOUISIANA DELTA COMMUNITY COLLEGE

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):**

_____ _____

_____ _____

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.

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

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

This action is contrary to the following LDCC policy:

- ☐ Prerequisite policy (must complete pre-required course with a "C" or higher)
- ☐ Course Load Policy (18 credit hours for fall/spring or 12 credit hours for summer -6 hours per five week session)
- ☐ Established Course Curriculum
- ☐ Other Policy _____

Remarks by Advisor or Dean: _____

_____

_____

_____

_____

FOR OFFICE USE ONLY:

Approved ____ Denied ____ _____ _____
Signature of Advisor Date

Approved ____ Denied ____ _____ _____
Signature of Dean of School Date

Form created 5/14

LOUISIANA DELTA COMMUNITY COLLEGE

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

Form created 5/14