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 ___________________________
☐ Recommend  ☐ Not Recommend  Comment: ____________________________
Advisor ___________________________  Date ___________________________
☐ Recommend  ☐ Not Recommend  Comment: ____________________________
College Dept. Chair ___________________________  Date ___________________________
☐ Recommend  ☐ Not Recommend  Comment: ____________________________
College Dean or Assoc. Dean ___________________________  Date ___________________________
☐ Approve  ☐ Disapprove  Comment: ____________________________
Graduate School Dean/Assoc. Dean (Graduate students only) ___________________________  Date ___________________________
☐ Approve  ☐ Disapprove  Comment: ____________________________

**Registrar Processing**

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