



**Time Conflict**

ALL FOUR SIGNATURES ARE REQUIRED

CRN				DEPT				COURSE #				SECTION			

INSTRUCTOR'S APPROVAL										COURSE DEAN'S APPROVAL				
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CRN				DEPT				COURSE #				SECTION			

INSTRUCTOR'S APPROVAL										COURSE DEAN'S APPROVAL				
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**Unit Overload**

HOURS ALLOWED

STUDENT DEAN'S APPROVAL

DATE

**Credit / No Credit Grading**

NOT FOR COURSES TAKEN FOR MAJOR, MINOR, OR CORE

CRN				DEPT				COURSE #				SECTION			

STUDENT DEAN'S APPROVAL										DATE				
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CRN				DEPT				COURSE #				SECTION			

STUDENT DEAN'S APPROVAL										DATE				
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**Course Audit**

CRN				DEPT				COURSE #				SECTION			

COURSE DEAN'S APPROVAL										DATE				
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**Extension of Incomplete**

CRN				DEPT				COURSE #				SECTION			

Term:  FALL  SPRING  SUMMER I  SUMMER II Year: \_\_\_\_\_

Expected Completion Date: 

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INSTRUCTOR'S APPROVAL										COURSE DEAN'S APPROVAL				
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**Credit by Challenge Examination**

\$50 FEE MUST BE SUBMITTED WITH THIS FORM

EXAM DATE

DEPT				COURSE #											

ASSIGNED INSTRUCTOR

COURSE CHAIR'S APPROVAL

DATE

INSTRUCTOR'S APPROVAL

DATE

COURSE DEAN'S APPROVAL

DATE

**Commencement / Graduation Exception**

ATTACH CAPP REPORT, UNOFFICIAL TRANSCRIPT AND LETTER OF EXPLANATION

DATE OF GRADUATION

DEGREE

EXCEPTION REQUESTED