

**College of Education**  
**ACADEMIC EXCEPTION PETITION FORM**

**STUDENT:**

1. After reviewing your degree audit report with your academic adviser, determine which of the exceptions described below is/are appropriate for your academic program.
2. State below precisely which exception(s) is/are being requested, and justify your statement.
3. Review your written statement with your academic adviser and secure comments, recommendations, and signatures from your adviser and, if appropriate, the Program Head.
4. Fill in the top section on the back of this form and forward the completed petition to your college Dean's Office.
5. Notification of action taken by your Dean's Office will be mailed to the address you provide on the back of this form.

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**DESCRIPTION of academic exceptions:**

1. **COURSE SUBSTITUTION:** Another specific course fulfills the intent of a course which may be selected in a requirement.
2. **CREDIT WAIVER:** A specified number of credits is considered complete within a requirement or sub-requirement. An equal number of credits is required toward the completion of the total credits earned for the degree program. NOTE: A separate credit waiver action is required to waive any credits from the total credits needed for graduation.
3. **REQUIREMENT OR SUB-REQUIREMENT COMPLETED:** This exception completes the requirement or sub-requirement without the use of substitutions or waivers. Generally, this action should be used only if a course substitution, credit waiver, or course waiver action does not meet your needs.
4. **COURSE WAIVER:** A specified course requirement is considered complete. Credits associated with the course are not considered complete unless a credit waiver is also initiated.

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**REASONS FOR REQUESTING THIS PETITION:**

I would like to request the following changes for the Special Education Minor

As a substitute for      Please use  
SPLED 400  
SPLED 430  
SPLED 431  
SPLED 432  
SPLED 433  
SPLED 434

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Student's Signature

Date

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**ADVISER'S comments and recommendation (support or deny):**

I support this request

Dr David McNaughton, SPLED Minor Adviser

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Adviser's Name (PRINT)

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Adviser's Signature

Date

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**PROGRAM HEAD'S comments and recommendation (support or deny):**

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Program Head's Signature

Date

**STUDENT NAME and LOCAL ADDRESS:**

_____	<b>STUDENT NUMBER:</b> _____
_____	<b>LOCAL PHONE:</b> _____
_____	<b>MAJOR/OPTION:</b> _____
_____	<b>SEMESTER CLASSIFICATION:</b> _____

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(FOR OFFICE USE ONLY)

**TYPE OF EXCEPTION**

COURSE SUBSTITUTION

SUBSTITUTE COURSE

REQUIRED COURSE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CREDIT WAIVER

REQUIREMENT  
NAME

# OF CREDITS  
TO BE WAIVED

_____	_____
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REQUIREMENT OR SUB-  
REQUIREMENT COMPLETED

REQUIREMENT OR  
SUBREQUIREMENT  
NAME

\_\_\_\_\_

COURSE WAIVER  
(CREDITS WILL **NOT**  
BE WAIVED)

WAIVED  
COURSE

\_\_\_\_\_

	<b>YES</b>	<b>NO</b>
DEAN'S ACTION:		
APPROVED	_____	_____

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**THIS COPY IS YOUR FORMAL RECORD THAT THIS PETITION HAS BEEN ACTED UPON**

**REFERENCE: Senate Policy 82-60**