

Graduation Senior ___ Yes ___
Select Term:
Year:



Coppin State University

2500 W. North Avenue
Baltimore, Maryland 21216

**OFFICE OF RECORDS AND REGISTRATION
COURSE EXCEPTION**

STUDENT: _____ ID#: _____

MAJOR: _____ Classification: _____

Required Course: _____ Name of course _____ Credit Hour (S): _____

Please check

() SUBSTITUTION _____ CREDIT HOUR (S): _____

Please circle: Transfer course or CSU course

() WAIVE COURSE REQUIREMENT

JUSTIFICATION:

ATTACHMENTS _____

Required Course: _____ Name of course _____ Credit Hour (S): _____

Please check

() SUBSTITUTION _____ CREDIT HOUR (S): _____

Please circle: Transfer course or CSU course

() WAIVE COURSE REQUIREMENT

JUSTIFICATION:

ATTACHMENTS _____

Please circle

APPROVED/DISAPPROVED _____ DATE _____

DEPT. CHAIRPERSON

APPROVED/DISAPPROVED _____ DATE _____

AREA DEAN

APPROVED/DISAPPROVED _____ DATE _____

PROVOST