FREDONIA
STATE UNIVERSITY OF NEW YORK

Office of the Registrar
Reed Library
716.673.3171
Registrar@fredonia.edu

Degree Exception Request
(Substitution, Waiver, Adjustment)

Student Name: _____ Fredonia ID Number: **F**_____

Primary Major: _____

Requesting Exception For:
☐ Major ☐ Concentration ☐ Minor in: _____

Course Substitution or Waiver

Required Course: _____ _____ _____
Subject (ex. ENGL) Course Number (ex. 205) Title (ex. Epic and Romance)

Substituted With: _____ _____ _____
Subject (ex. ENGL) Course Number (ex. 2xx) Title (ex. World Poetry)

OR

Course Waived ☐

OR

Change to Existing Requirement

Requirement:_____
Example: 6 credits in 300-400 level SOC Electives

Adjusted Requirement:_____
Example: 3 credits in 300-400 level SOC Electives

OR

Requirement Waived ☐

Exception/Waiver Reason:_____

_____

Completed and signed form must be submitted to the Registrar's Office, 1st Floor Reed Library.

_____ Date_____
Advisor Signature

_____ Date_____
Department Chair/Program Coordinator Signature

DISTRIBUTION/NOTIFICATION: ____ Registrar (Original) _____ Department _____ Student _____ Ed. Cert.