



DARS EXCEPTION FORM

Request for course waiver or course substitution
Exceptions will be processed within 10 working days.

Name _____ C# _____ Catalog Year _____

Degree Program _____ Potential Graduation Date _____ Exception for: Major
(year/term) Minor
Certificate

WAIVER

(Used to waive a course)

Course Prefix and number (i.e. ACCT 201)

1. _____
2. _____
3. _____
4. _____

College: _____ Comments: _____

_____	_____
_____	_____
_____	_____
_____	_____

COURSE SUBSTITUTION

(Used to replace a required course with another course)

1. Substitute _____ with _____
(required course) (substituted course)
2. Substitute _____ with _____
(required course) (substituted course)
3. Substitute _____ with _____
(required course) (substituted course)
4. Substitute _____ with _____
(required course) (substituted course)

College: _____ Comments: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Major change requires: _____
Major Advisor Signature

_____ Dept. Chair Signature for Major

Minor change requires: _____
Minor Advisor Signature

_____ Dept. Chair Signature for Minor

Certificate change requires: _____
Certificate Advisor Signature

_____ Dept. Chair Signature for Certificate

EMAIL COMPLETED FORM TO DARSEXCEPTION@CSUPUEBLO.EDU OR RETURN TO THE REGISTRAR'S OFFICE (ADM 202)

*****RECORDS USE ONLY*****

Date Received in Registrar's Office: _____

_____ DA's Processor's Signature Date processed