Colorado State University PUEBLO™

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 ☐
Minor ☐
Certificate ☐

WAIVER
(Used to waive a course Course Prefix and number (i.e. ACCT 201)

1. _____
2. _____

Transfer 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)

Transfer College:	Comments:

REQUIREMENT SUBSTITUTION
(Used to satisfy a program requirement without a direct course equivalency)

1. Substitute _____ with _____
   (Catalog Requirement)   (Substitution)
2. Substitute _____ with _____
   (Catalog Requirement)   (Substitution)

Transfer 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 (ADM202)

RECORDS USE ONLY

Date Received in Registrar's Office:

_____
DA Processor's Signature   Date Processed