

STUDENT EXCEPTION FORM

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

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fax: 978-934-4076
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UGRD GRAD CSCE

Last Name First Name UMS/SIS ID

Program/Plan SubPlan

DIRECT A COURSE TO A REQUIREMENT (R) AND LINE (L) NUMBER. Example: Direct course HIST.2990 to SS Requirement

UML Earned Credit Transfer Credit

Direct course # To: Requirement Name/Course#

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Direct course # To: Requirement Name/Course#

WAIVE COURSE Example: Waive: ENGL.2220 Writing Requirement

Waive Course # Requirement Name

Waive Course # Requirement Name

CHANGE REQUIREMENT Example: change total credits to graduate from 123 credits to 126 credits

Change Requirement From To

REQUIRED SIGNATURES

Chair/CSCE Coordinator Signature _____ Date

Core Curriculum Exceptions must be approved by Michelle Hunt, Core Curriculum Coordinator.

Core Curriculum Coordinator Signature Date

NOTE: Return signed form to Registrar's Office or e-mail StudentExceptions@uml.edu or fax 978-934-4076.

For Office Use Only:

Processor Name Date Verifier 1 Name Effective Term

Doc Type: Student Exception Imager Name Date Verifier 2 Name