

Optional Student Address Phone

Stevens Point WI 54481-3897 715-346-4301; Fax 715-346-2558

Exceptions to Major/Minor

STUDENT NAME		STUDENT ID		
☐ CREDIT BY EXAMINATION: (ent of a specific course requirement based on an example and completion of a warded based on the successful completion of edit awarded based on the grade received in a more and awarded based on the grade received in the grade	f an exam	Course & number	Credits
APPROVED BY:	course must approve DATE:			
Department Chair of	course must approve			
SUBSTITUTE A COURSE: Allow a required course in the identified requirement to be satisfied by another course.	Indicate major/minor (e.g. Biology minor)	Required course & number	Course & Number to substitute for required course	Term substitute course was taken (IP=now or future)
Use this area to have a course, no	ot listed as applying to a requirement, count towa	rd the requirement or delete a course fr	om a requirement that is normally cc	ounted.
DELETE or WAIVE	ETE or WAIVE Indicate major/minor (e.g. Econ major) Course		Term in which the course was taken (IP=now or future)	
Delete or Waive				, , ,
Delete or Waive				
Other actions/justification				
Recommended by: (Heads of some	programs may require prior approval by Advisor/instru	uctor)	Date:	
APPROVED BY:	DATE of Major/Minor must approve.			
Department Chair	or iviajor/iviinor must approve.			

Please return this form to: Office of the Registrar, 101 Student Services Building

Office Hours: 7:45-4:30 Monday-Friday