THOMAS J. WATSON COLLEGE OF ENGINEERING AND APPLIED SCIENCE

DEGREE WORK EXCEPTION FORM

Last Name: _____ First Name: _____

Student B-Number: _____ Email Address: _____

Major: ___ BME ___ CS ___ EDD ___ ME ___ COE ___ EE ___ ISE

Instructions for department: Use this form to approve exceptions to the standard degree requirements for individual students. These can include course substitutions, course waivers, a reduction of required credits in a given area, etc. These exceptions must be approved at the department level before being submitted to the Watson Advising office for processing.

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I. CHANGE REQUESTED FOR:

Required Course/Degree Requirement (ex: CS 100 or Technical Elective): _____

Desired SUBSTITUTE Course: _____

Undergrad Director Name (Please Print): _____ **Date:**_____

Signature: _____

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I. CHANGE REQUESTED FOR:

Required Course/Degree Requirement (ex: CS 100 or Technical Elective): _____

Desired SUBSTITUTE Course: _____

Undergrad Director Name (Please Print): _____ **Date:**_____

Signature: _____

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This section is for the Watson Advising Office

PROCESSED by: _____

Date: _____

The Original WILL be returned to the Department for filing

Revised 04/2022