



**Spokane Community College
COURSE EXCEPTION FORM**

Incomplete or incorrectly filled out forms will be returned to the student.

--	--	--	--	--	--	--	--	--	--

Student Identification Number

Student Name _____
 Last First Middle

Degree **OR** Certificate Program _____
 (ONE FORM PER DEGREE OR CERTIFICATE)

Note: When a course is substituted, the program credit requirement must still be met.

Course Required at SCC				Substituted Course						
Subject	Course Number	Title of Course	Term Units	Subject	Course Number	Title of Course	Year/Term Taken	College Where Taken	Term Units	SCC Units
<i>(e.g.) Engl&</i>	<i>101</i>	<i>English Comp</i>	<i>5</i>	<i>Engl</i>	<i>100</i>	<i>English Comp</i>	<i>F10</i>	<i>College USA</i>	<i>3</i>	<i>4.5</i>

Reason for substitution: _____

Student Signature: **(REQUIRED)** _____ Date: _____

Counselor/Faculty Advisor Signature _____ Date: _____

Approved **Disapproved** Date: _____ Division Dean Signature **(REQUIRED)** _____

Reason for disapproval: _____