



Student Registration and Record Services
 203 Miller Building
 PO Box 2000
 Cortland, NY 13045-0900
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FACULTY AND STAFF
 Degree Works
 Exception Request

Student Name: _____ CID: _____

Expected Degree Conferral Term: _____ Department: _____

Major or Program: _____ Level: Undergraduate Graduate

Exceptions are applied to a specific programs/majors. If a student changes programs or concentrations (including changing within the same department) the exception may need to be resubmitted by the advisor.

REQUEST #1

Block or Requirement Area: _____ Major Concentration Minor Other

Requesting an exception (substitution) for the following requirement or course

Subject: _____ Number: _____ Title: _____

(Or) Requirement: _____ Credit Hours: _____
(ex: Electives, Activity Courses; use exact title of requirement as listed in Degree Works)

To be replaced by (list the Cortland equivalent, if this is transfer work):

Subject: _____ Number: _____ Title: _____

Term: _____ School: _____ (e.g.: Cortland, TC3, OCC,)

Reason/Comment: _____

Chair Approval Yes No Initial _____ Assoc Dean Approval Yes No Initial _____

REQUEST #2

Block or Requirement Area: _____ Major Concentration Minor Other

Requesting an exception (substitution) for the following requirement or course

Subject: _____ Number: _____ Title: _____

(Or) Requirement: _____ Credit Hours: _____
(ex: Electives, Activity Courses; use exact title of requirement as listed in Degree Works)

To be replaced by (list the Cortland equivalent, if this is transfer work):

Subject: _____ Number: _____ Title: _____

Term: _____ School: _____ (e.g.: Cortland, TC3, OCC,)

Reason/Comment: _____

Chair Approval Yes No Initial _____ Assoc Dean Approval Yes No Initial _____

Review Signatures (Approval or Denial is Indicated Above)

Advisor: _____ Date: _____

Dept. Chair: _____ Date: _____

Associate Dean: _____ Date: _____