Request for Curricular Exception College of Education, Health, and Human Sciences

Items in **bold** must be completed

Student: _____ Catalog (year): _____

ID #:	Major & Conc.:
College: EHHS	Minor:
Classification:	Intended Graduation Date:
Cumulative GPA:	Email Address:

I wish to make the following request or substitution:

Reason(s) for the above substitution request:	
 Change of course number Unable to schedule the required course Similar course content Acceptable transfer credit* Other (explain) 	Is this a milestone course? Yes No
Approved: Advisor/faculty advisor (print name)	Date:
Approved: Advisor/faculty advisor (sign name)	Date:
Approved:	Date:
Approved:	Date:

Forms should be returned to the CEHHS Office of Advising and Student Services (332 Bailey Education Complex) for final review and DARS processing. If you have any questions, call 865-974-8194.

Do not use a course number from another institution.

* For transfer work, use UT course number or LD/UD designation from academic history.