



COURSE EXCEPTION REQUEST

Last Name: _____

First Name: _____

GCC ID#: _____

Program: _____

EMAIL: _____

Phone: _____

DOB: _____

Other Names Used: _____

Reason for Exception

- ☐ Waive Co-requisite or Pre-requisite (*Department Chairperson Approval required*)
- ☐ Request to add an additional seat to a closed section (*Instructor Approval required*)
- ☐ Override maximum credits (*Advisor/Counselor Approval required. ALL declared students are required to meet with their program advisor for approval*)

First Course

CRN	COURSE	SEC	COURSE TITLE	DAY	TIME	INSTRUCTOR

☐ Request Approved

☐ Request Denied

Instructor: _____ Date: _____
Print Name and Sign

☐ Request Approved

☐ Request Denied

Department Chairperson: _____ Date: _____
Print Name and Sign

Second Course

CRN	COURSE	SEC	COURSE TITLE	DAY	TIME	INSTRUCTOR

☐ Request Approved

☐ Request Denied

Instructor: _____ Date: _____
Print Name and Sign

☐ Request Approved

☐ Request Denied

Department Chairperson: _____ Date: _____
Print Name and Sign

Credit Load Approval

Credit load requested _____

☐ Request Approved

☐ Request Denied

Advisor/Counselor: _____ Date: _____
Print Name and Sign

By signing below, I acknowledge that I will be responsible for the tuition and fees unless I officially drop course(s) before the end of the scheduled adjustment period.

STUDENT SIGNATURE: _____ DATE: _____