



Student Registration and Record Services  
 223 Miller Building  
 PO Box 2000  
 Cortland, NY 13045-0900  
 607-753-4702 | srrs@cortland.edu

**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: \_\_\_\_\_