



Graduate Degree Plan Exceptions Form

(To be initiated by Academic Advisor or Department)

Student's Name: _____ Student's ID: _____

Degree Plan Catalog year: _____ Graduation Term: _____ Degree/Major: _____

Exception [Please Check]

Substitution
Provide course syllabi including competencies comparable with required course.

Transfer Course from
Provide the catalog description that supports this request
Provide course syllabi including competencies comparable with required course. (If available)
Provide transcript from accredited university/ or college.

Directed Independent Study: Degree Planner exception Note: If the Directed Independent Study is a substitution for a required course, use Substitution checklist above.
Provide catalog description that supports this request
Provide course syllabus

Required: A memo of explanation and degree plan is required unless stated otherwise in the checklists above.

Table with 5 columns: Required Course (Prefix, Number, Title), Substitution Course (Prefix, Number, Title), Grade, Semester (Taken or Anticipated). Rows 1-4.

Instructions: Students, provide all required documents to the department. After department review, all items should be uploaded to the CGS website (https://gradcollege.tamucc.edu/contact_us/forms.html)

Student Signature Date Academic Advisor Review [Signature] (if required) Date

Approved By:

Faculty Advisor Signature Type Name Date

Program Coordinator Signature (if required) Type Name Date

Department Chair Signature Type Name Date

College Dean Signature Type Name Date

FCGS Use Only: Accept Deny

Graduate Dean Date Scanned into Laserfiche Date

Informed Academic Advisor Date

8/2018

Form I