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/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>
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<tr>
<th>Required Course</th>
<th>Substitution Course</th>
<th>Grade</th>
<th>Semester</th>
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<tbody>
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<td>(Prefix, Number, Title)</td>
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<td>(Taken or Anticipated)</td>
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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 OOnly: ☐ Accept  ☐ Deny
☐ Graduate Dean  ______ Date  ☐ Scanned into Laserfiche  ______ Date
☐ Informed Academic Advisor  ______ Date  ______ Date

8/2018

Form I