Graduate Degree Plan Exceptions Form

Student’s Name: _____________________________ Student’s ID: ______________________
Degree Plan Catalog Year: ____________ Graduation Term: _______________ Degree/Major: ____________

WAIVERS [Please Check]
☐ A&M-Corpus Christi Residency Hours Course    ☐ Substitution
☐ Transfer Course from __________________________
☐ Other________________________

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<tr>
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<th>Required Courses (Prefix, Number, Title)</th>
<th>Substitution Course (Prefix, Number, Title)</th>
<th>Grade</th>
<th>Term</th>
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☐ **Justification:** Provide any info (i.e. catalog description, transcript) that supports this request and attach a memo of explanation.

☐ **Degree Plan Substitutions:** Must provide competencies comparable with required course.

☐ A revised degree plan must accompany this form.

Instructions:
Submit form and all required documents to the Academic Advisor who will then forward to the College of Graduate Studies (FC 178). Contact CGS with questions 361.825.2174 or gradcollege@tamucc.edu.

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Student [Signature]    Date    Academic Advisor Review [Signature]    Date

Approved By:

Faculty Advisor [Signature]    Type Name    Date

Program Coordinator [Signature]    Type Name    Date

Department Chair [Signature]    Type Name    Date

College Dean [Signature]    Type Name    Date

For CGS Use Only: ☐ Accept ☐ Deny

Graduate Dean    Date    Scanned into Laserfiche    Date

Informed Academic Advisor    Date