**Engineering & Design Course or Prerequisite Exception Request**

* This form must be completed and submitted to your advisor by the end of the fifth week of the quarter prior to the time at which a decision is required.
* If the request is the result of a grade received in a course the quarter prior to the affected course being taken, the deadline will be extended to the end of the first week of classes.

Instructions: Complete this side of the form, attaching any additional information that you believe is important. Submit/email the form to your advisor for completion of the top of the back page. He or she is responsible for getting the form to the Curriculum Committee.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre/Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WWU E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exception or substitution requested:

Reasons for exception or substitution (attach any additional information):

1. Background - Provide an explanation for why you need this exception?
2. Justification – How does this exception meet the required learning objectives?
3. Benefit - How would this exception benefit your time to graduation?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Instructions: Please review the student’s request. Considering the student’s entire academic history provide a clear rationale for approving or denying this request, and turn in to the director of your program. DO NOT give the form back to the student.

Do you want the Curriculum Committee to meet to discuss? Y N

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum Committee Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Decision: