

Degree Audit Exception Approval Form: Professional Education Programs

Student's Name: _____ WKU ID: _____

Major: _____ Advisor's Name: _____ Expected Grad Term: _____

Student signature

Date

I have reviewed the following course(s) that is/are more than 10 years old. In my judgment, each course listed meets current standards, and I recommend that it be counted in the student's program.

- | | | | |
|----|-----------------------------------|------------------------------------------|---------------------|
| 1. | _____ | _____ | _____ |
| | Course Prefix & Number | Course Title | Credit Hours |
| | _____ | _____ | _____ |
| | Institution | Semester & Year of Enrollment | Course Grade |
| 2. | _____ | _____ | _____ |
| | Course Prefix & Number | Course Title | Credit Hours |
| | _____ | _____ | _____ |
| | Institution | Semester & Year of Enrollment | Course Grade |
| 3. | _____ | _____ | _____ |
| | Course Prefix & Number | Course Title | Credit Hours |
| | _____ | _____ | _____ |
| | Institution | Semester & Year of Enrollment | Course Grade |
| 4. | _____ | _____ | _____ |
| | Course Prefix & Number | Course Title | Credit Hours |
| | _____ | _____ | _____ |
| | Institution | Semester & Year of Enrollment | Course Grade |
| 5. | _____ | _____ | _____ |
| | Course Prefix & Number | Course Title | Credit Hours |
| | _____ | _____ | _____ |
| | Institution | Semester & Year of Enrollment | Course Grade |

This form should be signed by the department head in the student's major or, in the case of professional education courses completed by students seeking secondary certification (Grades 8-12, 5-12, or P-12), the form should be signed by the designated teacher education department head or advisor.

Department Head signature

Date

Send this form to: Degree Certification Officers located in Office of the Registrar; Potter Hall 216.

Send a copy of this form to: Teacher Certification; Gary Ransdell Hall 1092