

## iCAP 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. | _____                             | _____                                    | _____               |
|    | <b>Course Prefix &amp; Number</b> | <b>Course Title</b>                      | <b>Credit Hours</b> |
|    | _____                             | _____                                    | _____               |
|    | <b>Institution</b>                | <b>Semester &amp; Year of Enrollment</b> | <b>Course Grade</b> |
| 2. | _____                             | _____                                    | _____               |
|    | <b>Course Prefix &amp; Number</b> | <b>Course Title</b>                      | <b>Credit Hours</b> |
|    | _____                             | _____                                    | _____               |
|    | <b>Institution</b>                | <b>Semester &amp; Year of Enrollment</b> | <b>Course Grade</b> |
| 3. | _____                             | _____                                    | _____               |
|    | <b>Course Prefix &amp; Number</b> | <b>Course Title</b>                      | <b>Credit Hours</b> |
|    | _____                             | _____                                    | _____               |
|    | <b>Institution</b>                | <b>Semester &amp; Year of Enrollment</b> | <b>Course Grade</b> |
| 4. | _____                             | _____                                    | _____               |
|    | <b>Course Prefix &amp; Number</b> | <b>Course Title</b>                      | <b>Credit Hours</b> |
|    | _____                             | _____                                    | _____               |
|    | <b>Institution</b>                | <b>Semester &amp; Year of Enrollment</b> | <b>Course Grade</b> |
| 5. | _____                             | _____                                    | _____               |
|    | <b>Course Prefix &amp; Number</b> | <b>Course Title</b>                      | <b>Credit Hours</b> |
|    | _____                             | _____                                    | _____               |
|    | <b>Institution</b>                | <b>Semester &amp; Year of Enrollment</b> | <b>Course Grade</b> |

*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: ICAP Staff; Potter Hall 237. Send a copy of this form to: Teacher Certification; TPH 407*