

# iCAP UNDERGRADUATE DEGREE EXCEPTION FORM

VA Student

**Instructions:** Complete the applicable portion(s) of this form if exceptions to degree requirements and/or the iCAP report are requested. Refer to the iCAP report for the Requirement Name and Sub-Requirement #. Approved changes will be noted on the iCAP report. Attach an additional form if additional lines are needed. Signatures are only required on the first form. This form is only for iCAP Exceptions and Substitutions. Revisions to this form must be approved by the Office of the Registrar. Please refer to the Transfer Center's processes to make a course equivalent to a WKU course or to approve Education Abroad courses.

WKU ID: \_\_\_\_\_ Last Name, First Name: \_\_\_\_\_ Expected Graduation Term: \_\_\_\_\_

## Waive a Required Course (and Hours) in Major or Minor

WKU Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
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WKU Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_

## Course Substitution in Major or Minor

**Note:** When substituting a transfer course that does not have a WKU equivalency (i.e., TRAN EL-L), please include the course number from the transferring institution and the name of the institution. If the hours do not match, please indicate (y/n) if an hour adjustment is needed.

Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Substitute for: \_\_\_\_\_ Hours: \_\_\_\_\_ Transfer Institution: \_\_\_\_\_ Hour Adj. Needed: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Substitute for: \_\_\_\_\_ Hours: \_\_\_\_\_ Transfer Institution: \_\_\_\_\_ Hour Adj. Needed: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Substitute for: \_\_\_\_\_ Hours: \_\_\_\_\_ Transfer Institution: \_\_\_\_\_ Hour Adj. Needed: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Substitute for: \_\_\_\_\_ Hours: \_\_\_\_\_ Transfer Institution: \_\_\_\_\_ Hour Adj. Needed: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Substitute for: \_\_\_\_\_ Hours: \_\_\_\_\_ Transfer Institution: \_\_\_\_\_ Hour Adj. Needed: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Substitute for: \_\_\_\_\_ Hours: \_\_\_\_\_ Transfer Institution: \_\_\_\_\_ Hour Adj. Needed: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Substitute for: \_\_\_\_\_ Hours: \_\_\_\_\_ Transfer Institution: \_\_\_\_\_ Hour Adj. Needed: \_\_\_\_\_

## Waive Course Grade/GPA Requirement in Major or Minor

WKU Course Prefix & Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Reduce Elevated GPA Requirement To: \_\_\_\_\_ Major/Minor Title: \_\_\_\_\_

## Waive Hours in Requirement

Number of Hours: \_\_\_\_\_ Requirement Name: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_ Requirement Name: \_\_\_\_\_ Sub-Requirement #: \_\_\_\_\_

## World/Foreign Language Requirement

The World/Foreign Language Requirement varies depending on whether the student is following the "old" general education requirements (prior to Fall 2014) or Colonnade requirements. If applicable, this exception request must be attached to a letter from the Office of International Programs.

**International Student Exception:**  Old General Education WKU Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_  Colonnade Waiver  
**First-Level Exception:** WKU Course Prefix & Number: \_\_\_\_\_ Hours: \_\_\_\_\_ First Semester of College Work: \_\_\_\_\_

Run an iCAP report before submitting this form to ensure the exceptions have not already been processed.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

The Dean's Office should submit form to the iCAP Staff; Office of the Registrar; PH 216 (front desk).