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. _____   _____   _____
    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: ICAP Staff; Office of the Registrar; Potter Hall 216. Send a copy of this form to: Teacher Certification; TPH 407