



**Spokane Community College  
COURSE EXCEPTION FORM**

Incomplete or incorrectly filled out forms will be returned to the student.

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Student Identification Number

Student Name \_\_\_\_\_  
 Last First Middle

Degree **OR**  Certificate Program \_\_\_\_\_  
 (ONE FORM PER DEGREE OR CERTIFICATE)

**Note: When a course is substituted, the program credit requirement must still be met.**

Course Required at SCC				Substituted Course						
Subject	Course Number	Title of Course	Term Units	Subject	Course Number	Title of Course	Year/Term Taken	College Where Taken	Term Units	SCC Units
(e.g.) Engl&	101	English Comp	5	Engl	100	English Comp	F10	College USA	3	4.5

Reason for substitution: \_\_\_\_\_

Student Signature: **(REQUIRED)** \_\_\_\_\_ Date: \_\_\_\_\_

Counselor/Faculty Advisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved  **Disapproved** Date: \_\_\_\_\_ Division Dean Signature **(REQUIRED)** \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_