

Student Exception/Waiver Form

Applies only to the student on this form

Degree Audit Reporting System

Student Name: _____ UMS#: _____

Authorized Departmental Signature: _____ Date: _____

Print Name & Department: _____

**** Students must have the program (major, minor, concentration, track, or program of study) declared before you submit this paperwork. The form will be returned to the department if the program is not on the student record. ****

***Exceptions** apply solely to the record of the student listed on the form. Exceptions act as course substitutions only and will not satisfy pre requisites or affect course sequencing.*

Use this course: e.g. PSYCH 8117	In place of this course or sub requirement e.g. PSYCH 315 / e.g. sub requirement # 8

***Waiver:** courses listed in this section will be waived, meaning the student is exempt from taking the course or fulfilling the requirement. The overall University requirement of 120 credits will not be affected by this waiver, neither will the program residency requirement unless otherwise noted.*

Waive this course/requirement

e.g. WGS 310 **OR** one 200 level elective **OR** dramatic literature requirement

This form can only be submitted by the department via UMass Boston email to: Kristen.papuga@umb.edu or via inter office mail to CC-4-4100.