



**ADVISING REPORT
EXCEPTION FORM**

*Return to: Registrar's Office, Dugan Hall 101
Email StudentExceptions@uml.edu Fax 978-934-3030*

UGRD CSCE Student Name: _____ UMS #: _____

Program/Plan: _____ SubPlan: _____

DIRECT A COURSE TO A REQUIREMENT (R) AND LINE (L) NUMBER. Example: Direct course 43.299 to (R120, L10) AH

Direct course # _____ <input type="checkbox"/> UML <input type="checkbox"/> TRANSFER	To: (R_____,L_____) _____ <small style="text-align: right;">REQUIREMENT NAME</small>
Direct course # _____ <input type="checkbox"/> UML <input type="checkbox"/> TRANSFER	To: (R_____,L_____) _____ <small style="text-align: right;">REQUIREMENT NAME</small>
Direct course # _____ <input type="checkbox"/> UML <input type="checkbox"/> TRANSFER	To: (R_____,L_____) _____ <small style="text-align: right;">REQUIREMENT NAME</small>
Direct course # _____ <input type="checkbox"/> UML <input type="checkbox"/> TRANSFER	To: (R_____,L_____) _____ <small style="text-align: right;">REQUIREMENT NAME</small>
Direct course # _____ <input type="checkbox"/> UML <input type="checkbox"/> TRANSFER	To: (R_____,L_____) _____ <small style="text-align: right;">REQUIREMENT NAME</small>
Direct course # _____ <input type="checkbox"/> UML <input type="checkbox"/> TRANSFER	To: (R_____,L_____) _____ <small style="text-align: right;">REQUIREMENT NAME</small>

WAIVE COURSE **Example:** Waive: Computer Literacy (R120, L10) Core Course

Waive Course # _____ (R_____, L_____) _____
Waive Course # _____ (R_____, L_____) _____

CHANGE REQUIREMENT **Example:** change R53, total credits to graduate from 123 units to 126 units

Change Requirement from: _____	To: _____
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Required Approval: **Undergraduate Department Chair or CSCE Coordinator of Petitioned Course**

_____ Please Print _____ Signature _____ Date _____

Required Approval: **Gen Ed requirements require the following approval.**

_____ Signature of Michael Graves, Ph.D. Gen Ed Coordinator (if applicable) _____ Date _____