SUNY Canton Request for Exemption or Substitution

Name: _______________________________   Student ID#: _______________________________

Circle A or B
(A) I request to be released from the mandatory FYE seminar.

(B) I request a substitution for a course(s) in my curriculum.

Curriculum Name and Number: ________________________________________________________

1. Course in the Curriculum
   Course Name ________________________________________________________________
   Course Designator and Number ________________________________________________

   Course(s) to be used as Substitute:
   Course Name ________________________________________________________________
   Course Designator and Number ________________________________________________

2. Course in the Curriculum
   Course Name ________________________________________________________________
   Course Designator and Number ________________________________________________

   Course(s) to be used as Substitute:
   Course Name ________________________________________________________________
   Course Designator and Number ________________________________________________

(C) Please use the space below to explain your reason(s) for an exemption or substitution. Please attach explanation if additional space is required.

___________________________________________________________________________

Student’s Signature ___________________________ Date _____________________________

Advisor’s Signature ___________________________ Date _____________________________

Dean’s Signature _____________________________ Date _____________________________

Substitutions or waivers will be honored seven years from the date approved by the dean.

10/1/12