

UNIVERSITY OF CONNECTICUT SCHOOL of FINE ARTS - STUDENT GRADUATION SUBSTITUTIONS/EXEMPTIONS

Student Name: _____ Student ID #: _____

Requirement Term/Catalog Year: _____ Program/Plan/Subplan: _____

Please provide the RG and RQ numbers and course (located on the student's Academic Requirements Report) for each substitution or exception transaction.

RG #	RQ #	Course/Units Needed	Use these courses or units instead
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURES:

Advisor: _____

Date: _____

For Music Majors Only- Course Evaluator Dr. Peter Kaminsky: _____

Date: _____

Department Chair: _____

Date: _____

Asst. Dean Eva Gorbants: _____

Date: _____