

## APPLICATION FOR COURSE EXEMPTION

The student must initiate the application process by providing the information requested and return this form to the Campus Office after appropriate Course Instructor(s) signature.

**Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

Student Signature

Date

**I. Summary of All Prior Learning for Consideration toward Exemption from Course(s) listed below:**

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**II. Course Exemption Requested:**

Equivalent School Course #	Credit Hours	Approved/Disapproved Rutgers Course Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Exemption from the course(s) listed above will not reduce the number of credits required for the degree. Students should consult their advisor for appropriate replacement credits.

**RETURN TO  
CAMPUS  
OFFICE**

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Education Signature

\_\_\_\_\_  
Date

Copies to:  
Office of the Registrar  
Campus Office  
Department Chair  
Student