



Application for Course Exemption

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

Name: _____ **Student ID#:** _____
Last Name First Name Middle Initial

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

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 courses.

_____ Student Signature	_____ Date
_____ Academic Advisor Signature	_____ Date
_____ Department Chair/Vice-Chair/Concentration/Program Director/Leader Signature	_____ Date
_____ Associate Dean for Academic Affairs Signature	_____ Date

**RETURN TO
OFFICE OF THE
REGISTRAR**

Copies to:
Office of the Registrar
Dept Chair/Vice-Chair/Conc
Program Director/Leader
Academic Advisor
Student