REQUEST FOR CURRICULAR EXCEPTION



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aspetitions@utk.edu

	11	Major(s) & Concentration(s):
Name		
ID Number		Minor(s):
Catalog year		
Classification		Intended graduation date
Phone number		UT E-mail address
		Transfer Students: Please use UT course numbers or UD/LD from your previous institution). (3) Please attach the syllabus
Academic Advisor (print name)	Date	Advisor use only:
Academic Advisor (signature)	Date	Is this a milestone course? Yes □ No □
Departmental approval -For courses in major or minor only	Date	
College approval	Date	_