

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: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Advising Amanda Wilde: \_\_\_\_\_

Date: \_\_\_\_\_