

SUNY Canton Request for Exemption or Substitution

Name: _____ Student ID#: _____

Circle **A** or **B**

(A) I request to be released from the mandatory FYE seminar.

(B) I request a substitution for a course(s) in my curriculum.

Curriculum Name and Number: _____

1. Course in the Curriculum

Course Name _____

Course Designator and Number _____

Course(s) to be used as Substitute:

Course Name _____

Course Designator and Number _____

2. Course in the Curriculum

Course Name _____

Course Designator and Number _____

Course(s) to be used as Substitute:

Course Name _____

Course Designator and Number _____

(C) Please use the space below to explain your reason(s) for an exemption or substitution. Please attach explanation if additional space is required.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Dean's Signature _____ Date _____

Substitutions or waivers will be honored seven years from the date approved by the dean.