**Course Exemption Form**

- The Course Exemption Form is to be completed by the overseeing faculty member of the department in which the course exemption is being made.
- Exemptions must be made in accordance with academic policies regarding course exemptions/substitutions, as outlined in the Hellenic College Holy Cross catalogues.
- Students must adhere to the degree audit requirements of the catalog year in which the student initially entered HCHC. Students must meet the minimum credits required of their degree program as outlined in the catalog year in which they entered.
- Submission of this form must be made directly to the Registrar’s Office.
- Cc: Dean, Faculty Member, Registrar, Advisor, Student

### Required Information

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>Date</th>
</tr>
</thead>
</table>

**Student Program and/or Major**

1. COURSE #: ____________        Course Title: _________________________________________________________

- [ ] The course is waived. The student will replace it with an elective, and in the same area, if judged appropriate.
- [ ] The course is waived. The student will receive full credit to be applied towards requirements for graduation.

Reason for exemption/notes:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

2. COURSE #: ____________        Course Title: _________________________________________________________

- [ ] The course is waived. The student will replace it with an elective, and in the same area, if judged appropriate.
- [ ] The course is waived. The student will receive full credit to be applied towards requirements for graduation.

Reason for exemption/notes:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

### Dean/Faculty Approval of Course Exemption/Substitution

Faculty Name: ______________________________

Faculty Signature: ___________________________ Date: _______________

Dean Signature: ______________________________ Date: _______________

### HCHC Internal Use Only

Registrar’s Office Process Date: ____________ Initials: ____________

Hellenic College Holy Cross • Office of the Registrar • 50 Goddard Avenue • Brookline, MA 02445