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

| Student Last Name | Student First Name | Date |

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: ________________________________  Date: ________________

Faculty Signature: ________________________________  Date: ________________

Dean Signature: ________________________________  Date: ________________

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