## College of Education - Exception Request

Office of Teacher Education, McWhinnie Hall, room 100

Dept. 3374, 1000 E. University Ave., Laramie, WY 82071 Phone: 307.766.2230 Fax: 307.766.2018

| IMPORTANT INFORMATION<br>This form is for a request for an exception to a specific College of Education degree requirement.<br>Filing this form does not guarantee approval.<br>A separate form with supporting documentation is required for each request. Do not combine requests on one form.<br>Committee decision will take a <b>minimum of 10-15 working days</b> for review. |                                 |             |                       |
|---|---------------------------------|-------------|-----------------------|
|   |                                 |             |                       |
| C Elementary C Secondary Area of Concentration  | on (ELEM) <b>OR</b> Major (SEC) |             |                       |
| Are you pursuing the Post-Baccalaureate certification? O  | es 🔿 No                         |             |                       |
| Complete Mailing Address  |                                 |             |                       |
| Contact Phone   | Email                           |             | @uwyo.edu (preferred) |
| <u>REQUIRED</u> : Attach a typed letter explaining<br>syllabus, a course description or ot  |                                 |             |                       |
| Substitute: UW Course for <i>required</i> UW course.  | Semester & year o               | of course   |                       |
| Substituted UW course # and title   |                                 | Final Grade | Credits               |
| Required UW course # and title  |                                 |             |                       |
| Substitute: Course from another institution for required UV   | N course. Semester & yea        | r of course |                       |
| Course # and title  |                                 | Final Grade | Credits               |
| From (Institution)  | Poquired LIW course             |             |                       |
| Other   |                                 |             |                       |
| itudent Signature   | _                               |             | Date                  |
| Advisor Signature   | Approve 🔄 D                     | efer 🗌 Deny | Date                  |
| aculty Committee Representative   | Appro                           | ove 🗌 Deny  | Date                  |
| f exception denied, reason<br><b>DR</b> additional information  |                                 |             |                       |

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