

# Arkansas Tech University Graduate College

## Exception Request for Credit Earned Six Years' Previous to Degree Completion

**T#:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**I request permission to apply credit from the following courses toward degree completion requirements:**

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Note: If requesting transfer credit to be applied, enter ATU equivalency above and submit this form with Request for Equivalency or Substitution.

Any coursework completed six years prior to the completion date of degree requirements may not be applied toward the degree without approval from the appropriate program director and Graduate College Dean. The attached documentation that justifies approval for the coursework listed above to be applied toward Arkansas Tech University degree completion requirements (Examples: continuing education credit, verification of continued professional development related to coursework, certifications).

**Program Director Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_

**Printed Dean/Department Head Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean/Department Head Signature:** \_\_\_\_\_

**Printed Graduate College Dean Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Graduate College Dean Signature:** \_\_\_\_\_

Submit forms to the Graduate College via email at [gradcollege@atu.edu](mailto:gradcollege@atu.edu)