



COLUMBUS STATE COMMUNITY COLLEGE

AAS/ATS DEGREE BASIC RELATED/TECHNICAL STUDIES EXCEPTION FORM

Instructions: Use this form only to apply credit already appearing on the CSCC Transcript to Basic Related or Technical Studies requirements. Complete the form with appropriate signatures. Submit the completed form to the Curriculum Management Office, UN478. Please allow three to five business days for processing.

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**THIS EXCEPTION REQUEST CONTAINS A REGISTERED/IN-PROGRESS COURSE.
PLEASE PRIORITIZE.**

Student Name _____

Cougar ID _____

Student's Plan of Study _____

Year/Term of Graduation _____

Catalog _____

This form may be used to substitute, waive, or apply courses to Associate Degree or Certificate requirements.

| Student/ Substitute Course | Plan of Study Course/Requirement | Action (Substitute/ Apply/Waive) | Rationale ** Required** |
|----------------------------------|---|--|--|
| | xxxx.AAS Technical Elective | Waive | Student meets the 30 hour requirement and has fulfilled ... [specific reason(s)]. |
| MATH-8001 | General Education/Basic Related Requirements | Apply | Apply to Non-Technical requirements to meet 30 hour minimum required. Student has met the distribution requirements for the General Education and Basic Related Requirements |

BASIC RELATED REQUIREMENTS: **NOTE: The Ohio Department of Higher Education requires a total of 30 semester hours across General Education and Basic Related Requirements required for degree (AAS/ATS) completion.**
You may not waive hours below this minimum.

| Student/ Substitute Course | Plan of Study Course/Requirement | Action (Substitute/ Apply/Waive) | Rationale ** Required** |
|----------------------------------|-------------------------------------|--|-------------------------|
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TECHNICAL STUDIES REQUIREMENTS: (Ohio Department of Higher Education Minimum is 30 Semester Hours. You may not waive hours below this minimum.)

| Student Course | Plan of Study Course/Requirement | Action (Substitute/ Apply/Waive) | Rationale ** Required** |
|-------------------|-------------------------------------|--|-------------------------|
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Advisor/Faculty Signature: _____ Date: ____/____/____

Technology Chairpersons Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Processed by: _____ Date: ____/____/____