

Deviation Request Form
SUNY Plattsburgh

Registrar's Office
 101 Broad St. Kehoe 3rd Floor
 Plattsburgh, NY 12901
 FAX: 518-564-4900
 EMAIL: registrar@Plattsburgh.edu

Attach a CAPP report or unofficial transcript.

Student's Name: _____ Date: _____

Student's ID: _____ Major: _____ Minor: _____

Local Address: _____ Email: _____

City, State, Zip: _____ Telephone: _____

Check appropriate boxes and complete information below:

Major Minor: List Course Catalog Number and Title or Policy: _____

Waiver Substitution: _____

Reason: _____

General Education: List Category (e.g., Arts, Global Issues, etc.) _____

Substitution: _____

Reason: _____

College Policy: _____

Waiver Substitution: _____

Reason: _____

Course substitution is a:

Plattsburgh Course **OR** Transfer Course From: _____

(Attach a copy of the catalog description if it is a transfer course.)

Name of College

Course completion date: _____

I have read and understand SUNY Plattsburgh's academic policies and procedures. I realize it is my responsibility to verify all information and to meet all degree requirements.

Student's Signature: _____ Date: _____

Required Signatures:			
_____	Recommended	Not Recommended	Date: _____
Academic Advisor			
_____	Recommended	Not Recommended	Date: _____
Chairperson/Coordinator (of major or minor)			
_____	Approved	Disapproved	Date: _____
Dean (required for major and minor deviations only)			
_____	Approved	Disapproved	Date: _____
Provost/VPAA designee (Registrar's Office, 3 rd Floor Kehoe)			
(required for General Education and college policy deviations only)			
Comments: _____			

Allow at least two weeks for processing request.

VPAA-2008