Deviation Request Form

Please return this form to: The Office of the Registrar
Plattsburgh State University
101 Broad St. Kehoe 3rd floor
Plattsburgh, NY 12901

FAX: 518-564-4900 EMAIL: registrar@plattsburgh.edu

A CAPP report or unofficial transcript must be attached and this form completed for consideration. See the back of this page for further directions.

Student’s Name: ___________________________________________ Date: __________________

Student ID: __________________________ Major: __________________________ Minor: __________________________

Local Address: __________________________________________ Email: _________________________________

City, State, Zip: ______________________________________ Telephone: _____________________________

Check appropriate boxes and complete information below:

☐ Major ☐ Minor: List Course 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 Plattsburgh State University’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: __________________

*** Please allow at least two weeks for processing request. ***

Required Signatures:

" Academic Advisor ☐ Recommended ☐ Not Recommended Date: _______

Chairperson/Coordinator (of major or minor as checked above) ☐ Recommended ☐ Not Recommended Date: _______

Dean (required for major and minor deviations only) ☐ Approved ☐ Disapproved Date: _______

Provost/VPAA (required for general education & college policy deviations only) ☐ Approved ☐ Disapproved Date: _______

Provost/VPAA signature to be acquired through the Registrar’s Office – Kehoe 3rd floor

Comments: __________________________

Office of the Registrar/Provost 11/15/02