Exception to CLA major or minor requirements
UMD College of Liberal Arts
Return to: 310 Kirby Plaza
(1-3 business days for processing)

This form is used for:
- Course substitution(s) or waiver within a CLA major or minor
- Applying an alternative course within a specified area of a CLA major or minor

NOTE: UMD Liberal Education Program exceptions must be completed on a UMD Petition form.

Name _________________________________________________________    Date _____________________________
ID # _______________________________________   Email:  ________________________________________________@ umn.edu

Course Substitution Request(s)

1. Substitute course (e.g. SOC 1201) ________________________________________________ Term Taken ______________
   List the course as it appears on the APAS.
   for (list course or elective area within major or minor) ______________________________________________________
   in my major / minor ____________________________.
   Reason ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   CLA/UMD Dept: ____________ Dept Head Signature: ___________________________  Date _________________

2. Substitute course (e.g. SOC 1201) ________________________________________________ Term Taken ______________
   List the course as it appears on the APAS.
   for (list course or elective area within major or minor) ______________________________________________________
   in my major / minor ____________________________.
   Reason ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   CLA/UMD Dept: ____________ Dept Head Signature: ___________________________  Date _________________

Waiver Request

Requirement/Course: ______________________________________ Credit(s) ______________
Reason ____________________________________________________________________________________________
__________________________________________________________________________________________
CLA/UMD Dept: ____________ Dept Head Signature: ___________________________  Date ________________

Office Use Only (1-3 business days for processing/no email message sent to student)

Received: _________________________   RY: ___________   Processed: ___________________________   By: ________________________