

SIMMONS UNIVERSITY

Office of the Registrar

300 The Fenway, Boston, MA 02115 Tel 617.521.2111 Fax 617-521.3144

Major/Minor Requirement: Exemption Approval

Student Name:	Simmons I.D:
E-mail Address:	Phone Number:
Students are required to complete all maj	ior and/or minor requirements listed in the course catalog for
their declared area of study. If a student can	anot complete a requirement, they may seek approval from their
department for alternative arrangements.	Only with approval from the department chairperson may the
student be exempt from certain requires	ments, complete alternative courses for the program, and be
allowed to graduate i	from their intended major and or minor.
<u>Ter</u>	rms of Exemption
Major(s) Impacted:	
Minor(s) Impacted:	
Anticipated Graduation Date://	 Year
Month	rear
Required Course	Alternative Fulfillment
Student's Signature:	Date:
Adviser's Signature:	Date:
Department Chair Signature:	Date:
FOR Date Received:	R OFFICE USE ONLY
Date Received.	
Academic History Comment:	
[Date]: [Student Name] is exempt from comp	pleting [Required Course] requirement as per the department
through alternative fulfillment with [Alterna	