



## PROFESSIONAL TRANSITION EXEMPTION FORM

*Exemption is based on...*

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Performance testing | <input type="checkbox"/> Prior Training | <input type="checkbox"/> Degree |
| <input type="checkbox"/> Life Experience     | <input type="checkbox"/> Other          |                                 |

<b>Comments:</b>

Student Name	Social Security #	Major

*Student's Signature* \_\_\_\_\_

*Instructor's Signature* \_\_\_\_\_

*Dept. Chair /Asso. Dean's Signature* \_\_\_\_\_

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>	
---	---	--

*VP of Instruction's Signature*

*Date*

*Processed by:* \_\_\_\_\_  
*Date:* \_\_\_\_\_