

DEGREE WITH DESIGNATION (DWD) COURSE EXCEPTION REQUEST

Students pursuing a Degree with Designation (DWD) Statewide Articulation Agreement may request an exception be made to the course requirements for the degree. This must be agreed upon by the student, MCC Advisor, and the 4-year transfer institution.

The process to request the exception is:

1. MCC ADVISOR and STUDENT complete the STUDENT'S COURSE EXCEPTION REQUEST section on this form and attach a current MCC DegreeCheck Audit and a copy of the Statewide Articulation Agreement/DWD agreement from the Colorado Department of Higher Education website <http://highered.colorado.gov/>.
2. STUDENT seeks approval from the four-year institution where he/she plans to transfer upon graduation with an MCC DWD.
3. STUDENT returns the completed form to the MCC Records Office no later than the last day of the MCC semester in which the student plans to graduate from MCC.
4. STUDENT should retain a copy of the completed form until receipt of the transfer institution Bachelor's Degree.

STUDENT COURSE EXCEPTION REQUEST

Student Full Name: _____

Expected MCC Graduation Term & Year: _____

MCC Student ID: _____

Intended 4-year Transfer Institution: _____

DWD being completed at MCC:

Associate of Arts Associate of Science

Intended Degree and Major at that 4-year Institution: _____

With a Designation in: _____

SECTION I: Published DWD Requirements:

DWD Requirement Category	Course prefix & number or GT category required	Course Title	Credits
1.			
2.			
3.			
4.			

SECTION II: The student would like to take the following MCC courses instead:

DWD Requirement Category	Course prefix & number or GT category required	Course Title	Credits
1.			
2.			
3.			
4.			

MCC Advisor Signature _____

Date _____

4-YEAR INSTITUTION APPROVAL

By signing below, I agree that the listed 4-year institution will accept the course(s) and credits identified above in SECTION II in transfer and those courses and credits will be applied to the Degree/major (listed above), just as the courses and credits in Section I would have applied.

4-year Institution: _____

Printed Full Name: _____

College/Department: _____

Title: _____

Signature of Authorized 4-year Institution Representative _____

Date _____

RETURN INFORMATION

Return form to:

MCC Student Services, 920 Barlow Road Fort Morgan, CO 80701 or FAX 970-542-3114 or image and email to StudentServices@MorganCC.edu

STUDENT ACKNOWLEDGEMENT

By submitting this completed form to MCC, I acknowledge that only courses completed with a grade of "C" or better will be accepted by the four-year institution. This agreement applies only to the institutions, degrees, courses, and credits identified on this form. It is my responsibility to retain this documentation until graduation from the 4-year institution and to provide a copy of it to the four-year institution upon admission. All of the other guarantees and limitations of the Statewide Articulation Agreement apply.

Student Signature _____

Date _____

Rev. 01/27/20

____ B-S-ID GRADUATION