**Degree with Designation (DwD) Course Exception Request**

Students pursuing a Degree with Designation (Statewide Articulation Agreement-STAA) may seek to have an exception made to the course requirements for the degree. The student must follow these steps to request the exception:

1. Seek approval from the four-year institution where you plan to transfer upon graduation from PCC;
2. Return the completed form to the PCC Graduation Coordinator no later than census day of the PCC semester in which you intend to graduate from PCC.
3. Retain a copy of the completed form for your records.

First Name: Last Name: S #:

Email Address:

Year: Semester (select one): Summer  Fall  Spring

PCC Degree Program:

**Four-Year Institution Information:**

Institution Name: Degree Program:

Institution Staff Member:

Institution Contact Information:

**Course Information:**

Section 1: The following is required for the DwD:

| DwD Category | Course ID | Course Title | Credits |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

Section 2: Student would like to take the following course(s) instead:

| DwD Category | Course ID | Course Title | Credits |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Four-Year Institution Approval:**

By signing below, I agree that the Four-Year Institution listed above will accept the course(s) and credits identified above in **Section 2** in transfer and those courses and credits will be applied to the Four-Year Institution Degree Program listed above, just as the courses and credits in **Section 1** would have applied.

Four-Year Signature: Date:

**Student Acknowledgement:**

By submitting this form to PCC, the student acknowledges 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 four-year institution, degrees, courses, and credits identified above. Should the student decide to pursue a different four-year institution and / or four -year degree, this agreement is no longer valid.**

Student Signature: Date:

It is the student’s responsibility to provide a copy of this form to the four-year institution upon admission and retain the original until graduation from the four-year institution. All of the other guarantees and limitations of the Statewide Articulation Agreement apply.