



CURRICULUM DEVIATION REQUEST

Blue Mountain Community College
2411 NW Carden, P.O. Box 100
Pendleton, OR 97801
(541)278-5930 Office of Instruction
(541)278-5173 Fax
www.bluecc.edu

BMCC ID: _____ - _____ LAST NAME: _____ FIRST NAME: _____

Degree Intent: _____ Catalog Year used for Graduation: ____/____

Term and Year of Graduation (Circle Term): Fall Winter Spring Summer Year: _____

[] COURSE WAIVER-Note: May not waive credits below the minimum credits required for the A.A.S. degree.

Course #: _____ Course Title: _____

Reason for request (Must include reason for request)

[] COURSE SUBSTITUTION/S

Substitutes for Course Number Course Title Course Number Course Title
Substitutes for Course Number Course Title Course Number Course Title

Reason for request (Must include reason for request)

Submitted by: _____ Date: ____/____/20__

Discipline Chair Signature: _____ Date: ____/____/20__ [] Accepted [] Denied

If Denied, Reason for Denial _____

Vice President, Instruction Signature: _____ Date: ____/____/20__ [] Accepted [] Denied

If Denied, Reason for Denial _____

Registrar Office Use Only:

Date Received: ____/____/20__ Registrar Signature: _____

Date Processed: ____/____/20__ Processed by: _____