



# 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](http://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 90 credits required for an 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: \_\_\_\_\_