Georgia Tech College of Lifetime Learning
Certificate Program Petition for Exception

Mailing Address: 84 5th Street NW, Atlanta, GA 30308
Email: peregistration@gatech.edu

GTID – last 7 digits only (ex: XX123456)	
Last Name	
First Name	
Middle Name/Initial	
Email	
Phone	
Address	
Date	

Name of Certificate Program:	

Course Substitution Information (for a previously completed course)	
Title of Course:	
Date Completed:	
URL to Course Page:	
Documentation Required	A transcript or certificate of completion must be submitted

Course Substitution Information (for a yet-to-be completed course)	
Title of Course:	
Anticipated Completion Date:	
URL to Course Page:	

Reason for Request:	

GT CLL INTERNAL USE ONLY			
Result (approved; approved w/conditions; denied)			
Comments			
Date of Action			
Unit Admin Name		Signature	
GT CLL Admin Name		Signature	