

### Purpose of the Form

This form is for requesting a course substitution of a course listed as a program requirement in the college catalog for an Associate Degree (AS/AS), Certificate of Achievement, or Certificate of Accomplishment.

1. If you are requesting a course substitution for an Associate Degree for Transfer, please use the Request for a Course Substitution for an Associate Degree for Transfer(AA-T/AS-T) form.
2. This form **cannot be used for** requesting a course to satisfy a **General Education requirement**. Determination of General Education applicability is conducted through the incoming transcript request process or during evaluation of a graduation request.
3. The course used for the substitution must be:
  - a. **From a regionally accredited institution.**
  - b. **Lower division.**
  - c. **Completed and transcribed.**
4. If approved, a student may be required to substitute elective course(s) to obtain the total units required for the program.

### Filling Out the Form

1. Fill out one form per course substitution.
2. Fill out the **Student Information** section with your most up to date contact information.
3. Fill out the title of the **Program/Major** and select the type of program.
4. Fill out the **I wish to substitute the following course** section with information for the Las Positas College course you wish to be substituted with another course. The semester/year is for the academic year of the catalog with the programmatic course sequence you are following (e.g. the catalog for the year you started or restarted).
5. Fill out the **I wish to use the following course** section with the information of the course you **already completed** and wish to use for a substitution.
6. For the **Rationale**, select the reason for the substitution and feel free to add comments as needed.

### Required Supporting Materials

Please provide:

1. An **official transcript**.
  - a. **Foreign transcripts** need an **official evaluation** by an **accredited agency**.
2. A **course syllabus** and/or **course outline of record** including a **detailed course description** of the course used for the substitution.
3. Academic records that demonstrate all program requirements are completed or close to completion if the substitution is being requested because the course has not been offered recently or is no longer offered.

### Submitting the Form

Submit the completed **Form** and the **Required Supporting Materials** electronically to [lpc-articulation@laspositascollege.edu](mailto:lpc-articulation@laspositascollege.edu) or in person to the Front Desk in Building 1600 addressed to the Articulation Officer and email a notification of your submission to [lpc-articulation@laspositascollege.edu](mailto:lpc-articulation@laspositascollege.edu).

### Review and Notification Process

The **Program Faculty Coordinator** and their **Division Dean** will review the materials and make their determinations. **If** the Program Faculty Coordinator and their Division Dean **disagree** regarding approval/denial of the request, the Las Positas College Academic Senate shall make the **final determination**. The student will be notified of the final decision by A&R.

## Request for a Course Substitution of an Associate Degree (AA/AS) or Certificate Requirement

### Student Information

Last Name	<input type="text"/>	First Name, M.I.	<input type="text"/>
W#	<input type="text"/>	Date	<input type="text"/>
Current Address	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/>
		ZIP	<input type="text"/>
Phone	<input type="text"/>	Email Address	<input type="text"/>

### Program Information

Program/Major	<input type="text"/>		
Program Type	<input type="radio"/> Associate of Arts (AA) Degree	<input type="radio"/> Associate of Science (AS) Degree	
	<input type="radio"/> Certificate of Achievement	<input type="radio"/> Certificate of Accomplishment	

### I wish to substitute the following course:

Course Prefix	<input type="text"/>	Course Number	<input type="text"/>	Course Title	<input type="text"/>
Units	<input type="text"/>	Semester/Year	<input type="text"/>		

### I wish to use the following course:

Name of Institution	<input type="text"/>				
Course Prefix	<input type="text"/>	Course Number	<input type="text"/>	Course Title	<input type="text"/>
Units	<input type="text"/>	Semester/Year	<input type="text"/>		

### Rationale

- Required course no longer offered  
 Completed a similar course at another institution  
 Required course has not been offered in the last two terms and will not be offered in the next term

Other/Comments:

### Program Faculty Coordinator

Signature	<input type="text"/>	Date	<input type="text"/>
<input type="radio"/> Approved	<input type="radio"/> Denied	Rationale:	

### Program Division Dean

Signature	<input type="text"/>	Date	<input type="text"/>
<input type="radio"/> Approved	<input type="radio"/> Denied	Rationale:	

### Las Positas College Academic Senate President

Signature	<input type="text"/>	Date	<input type="text"/>
<input type="radio"/> Approved	<input type="radio"/> Denied		

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2. The course used for the substitution must be:
  - a. **From a regionally accredited institution.**
  - b. **Lower division.**
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## Request for a Course Substitution of an Associate Degree for Transfer (AA-T/AS-T) Requirement

### Student Information

Last Name <input type="text"/>	First Name, M.I. <input type="text"/>
W# <input type="text"/>	Date <input type="text"/>
Current Address <input type="text"/>	City <input type="text"/> State <input type="text"/> ZIP <input type="text"/>
Phone <input type="text"/>	Email Address <input type="text"/>

### Program Information

Program/Major <input type="text"/>
Program Type <input type="radio"/> Associate in Arts Degree for Transfer (AA-T) <input type="radio"/> Associate in Science Degree for Transfer (AS-T)

### I wish to substitute the following course:

Course Prefix <input type="text"/>	Course Number <input type="text"/>	Course Title <input type="text"/>
Units <input type="text"/>	Semester/Year <input type="text"/>	

### I wish to use the following course:

Name of Institution <input type="text"/>
Course Prefix <input type="text"/> Course Number <input type="text"/> Course Title <input type="text"/>
Units <input type="text"/> Semester/Year <input type="text"/>

### Rationale

- Already completed a similar course at another institution  Course satisfies the parameters of the Transfer Model Curriculum for the program

Other/Comments:

### Program Faculty Coordinator

Signature <input type="text"/>	Date <input type="text"/>
<input type="radio"/> Approved <input type="radio"/> Denied	Rationale:

### Articulation Officer

Signature <input type="text"/>	Date <input type="text"/>
<input type="radio"/> Approved <input type="radio"/> Denied	Rationale:

### Las Positas College Academic Senate President

Signature <input type="text"/>	Date <input type="text"/>
<input type="radio"/> Approved <input type="radio"/> Denied	