

**LAS POSITAS COLLEGE  
REQUEST FOR COURSE SUBSTITUTION  
OR WAIVER OF PROGRAM REQUIREMENT**

*Please complete both sides, obtain signatures, and submit request to the Division Dean.*

**Name:** \_\_\_\_\_ **SSN/Student ID:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
(Please Print -- LAST NAME, FIRST NAME)

**Phone:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

- Date:**
- \_\_\_\_\_  1. Student gets form from Admissions and Records or Counseling and takes to appropriate faculty member
- \_\_\_\_\_  2. Student gets form from faculty member and takes it to the appropriate Division Dean
- \_\_\_\_\_  3. Division Dean submits form to Dean of Student Services
- \_\_\_\_\_  4. Student Services notifies student of decision and submits form to Admissions and Records for processing

**NOTE: Please refer to the College Catalog for graduation requirements.**

MAJOR OR EDUCATIONAL DEGREE OBJECTIVE FOR THIS REQUEST

A.A. Degree in \_\_\_\_\_

A.S. Degree in \_\_\_\_\_

Certificate in \_\_\_\_\_

**PRIOR APPROVED REQUESTS FOR COURSE SUBSTITUTION AND/OR WAIVER OF PROGRAM REQUIREMENTS:**  
*(List all prior approved requests. Use additional pages if necessary).*

COURSE TITLE	COURSE NUMBER	NUMBER OF UNITS (Choose One)	
		Quarter	Semester

**COMPLETE ONLY THOSE SECTIONS PERTAINING TO YOUR REQUEST**

**A. FOR SUBSTITUTION OF PROGRAM REQUIREMENT:**

**NOTE: Only courses completed at an accredited institution will be considered. Check Admissions and Records to see that the institution is accredited.**

I wish to substitute \_\_\_\_\_  
Course Title Course Number Number of Units

in place of: \_\_\_\_\_  
Course Title Course Number Number of Units

Rationale: \_\_\_\_\_

*\*If taken at another accredited college, please provide an official transcript and a course description from college catalog or course outline available from the Office of Academic Services.*

**B. TO REQUEST A WAIVER OF A PROGRAM REQUIREMENT:**

I wish to request a waiver\* of the following program requirement:

Course Title \_\_\_\_\_ Course No. \_\_\_\_\_ No. Units \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

*\*If approved, student must substitute appropriate elective course(s) to obtain the total units required in the program.*

**NOTE: To complete Sections A and/or B, include parallel experience(s) which provide(s) rationale for course substitution or waiving of program requirement.** Submit supporting documents if possible. Suggested documents include transcripts, statements of employers, and military or technical school certificates. **If taken at another accredited college, please provide an official transcript and a course description from college catalog or course outline available from the Office of Academic Services.**

**VERIFICATION:**

**C. RECOMMENDATION OF INSTRUCTOR**

Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Instructor signature \_\_\_\_\_ Date \_\_\_\_\_

**D. RECOMMENDATION OF DIVISION DEAN**

Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Division Dean signature \_\_\_\_\_ Date \_\_\_\_\_

**E. VERIFICATION BY ASSISTANT DEAN OF ADMISSIONS AND RECORDS**

\_\_\_\_\_  
Assistant Dean's signature  Yes  No

**FOR OFFICE USE ONLY**

- ACTION:**  Your request has been **APPROVED** as follows:
- Appropriate elective(s) must be completed to meet unit requirements
  - Requirement is waived for total program
  - Substitution of course is approved

Your request has been **DISAPPROVED** for the following reason(s)  
\_\_\_\_\_  
\_\_\_\_\_

The above request has been reviewed with your major in: \_\_\_\_\_

\_\_\_\_\_  
Dean of Student Services or Designee Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_