

**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 _____

Note: This document may be presented at the Admissions Office for enrollment in class. If you have questions regarding this action, please make an appointment with the Dean of Student Services (Las Positas College 925 373-4926).