

LAS POSITAS COLLEGE

REQUEST FOR COURSE SUBSTITUTION OR WAIVER OF PROGRAM REQUIREMENT

Name:	W#:	Date:
Telephone/Cell:	Street Address:	
Email:	City, State, ZIP:	

Course Substitution or Waiver of Program Requirement Procedure

1. Student submits request, **with required documentation**, to Academic Records and Services.
2. Articulation Officer reviews and signs off a recommendation or a determination; sends form to Discipline Faculty.
3. Discipline Faculty reviews, signs off, and returns the form to the Articulation Officer; Articulation Officer sends form to Admissions and Records for Evaluator review.
4. Evaluator makes final decision, signs off, and notifies student by telephone; emails or mails copy of form.

Major or Educational Degree Objective for this Request

- A.S.-T Degree in _____
 A.S. Degree in _____
- A.A.-T Degree in _____
 A.A. Degree in _____
- Certificate of Achievement in _____
- Certificate of Accomplishment in _____

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

A. To Request A Substitution Of Program Requirement:

	Course Prefix & Number	Course Title	Number of Units	Semester & Year	College or University
Program Requirement:					
Proposed Substitution:					

Rationale - please briefly explain:

NOTE:

1. Only lower division courses completed at a regionally accredited institution will be considered.
2. Please provide an **official transcript** and a **course syllabus** or **outline** including a detailed course description.
3. If approved, a student may be required to substitute elective course(s) to obtain the total units required for the program.

(Please see reverse side for waiver and verification signatures)

B. To Request A Waiver Of A Program Requirement:

	Course Prefix & Number	Course Title	Number of Units
I wish to waive:			
Rationale: <input type="checkbox"/> Required course no longer offered <input type="checkbox"/> Required course has not been offered in the last two terms and not offered in the next term <input type="checkbox"/> Prior experience – please explain: <input type="checkbox"/> Other – please briefly explain:			

NOTE:

- A. For prior experience, include **parallel experience(s)** and **supporting documents** which may include transcripts, statements of employers, and military or technical school certificates which provide(s) rationale for waiving of program requirement.
- B. If approved, a student will be required to substitute elective course(s) to obtain the total units required for the program.

VERIFICATION:

A. Articulation Officer

Articulation Officer Signature:		Date:	
Recommendation: <input type="radio"/> Approve <input type="radio"/> Deny <input type="radio"/> None	Rationale:		

B. Discipline Faculty

Faculty Signature:		Date:	
Recommendation: <input type="radio"/> Approve <input type="radio"/> Deny	Rationale:		

C. Evaluator

Evaluator Signature:		Date:	
Recommendation: <input type="radio"/> Approve <input type="radio"/> Deny	Rationale:		