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

Name: ___________________________ W#: ___________________________ Date: ___________________________

Telephone/Cell: ___________________________ Street Address: ___________________________

Email: ___________________________ City, State, ZIP: ___________________________

Course Substitution or Waiver of Local Program Requirement Procedure

1. Student submits request, with required documentation, to Admissions and Records.

2. Admissions and Records forwards the form to the Discipline Faculty; Discipline Faculty approves/denies, and sends the form to Division Dean.

3. Division approves/denies, and sends form to Admissions and Records for Evaluator review – if Discipline Faculty and Division Dean disagree, form goes to Academic Senate for possible review and then to Evaluator review.

4. Evaluator reviews and notifies student by telephone; emails or mails copy of form.

Major or Educational Local Degree or Certificate for this Request*

☐ A.S. Degree in ___________________________

☐ A.A Degree in ___________________________

☐ Certificate of Achievement in ___________________________

☐ Certificate of Accomplishment in ___________________________

* For Associate Degrees for Transfer (A.S-T/A.A.-T) please use Request for Course Substitution of AD-T Program Requirement form.

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

A. To Request A Substitution Of Program Requirement:

<table>
<thead>
<tr>
<th>Course Prefix &amp; Number</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Requirement:</td>
<td></td>
</tr>
<tr>
<td>Proposed Substitution:</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Course Prefix &amp; Number</th>
<th>Course Title</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wish to waive:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rationale:
- [ ] Required course no longer offered
- [ ] Required course has not been offered in the last two terms and not offered in the next term
- [ ] Prior experience – please explain:
- [ ] 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. Discipline Faculty

Discipline Faculty Signature: | Date: 
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Recommendation: [ ] Approve [ ] Deny Rationale:

B. Division Dean

Division Dean Signature: | Date: 
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Recommendation: [ ] Approve [ ] Deny Rationale: