

Course Waiver/Substitution Request

Date: _____

* Emailed submissions accepted only: lpc-articulation@laspositascollege.edu *

Directions for completing and submitting this form can be found at https://laspositascollege.edu/lpcarticulation/coursewaiversubstitution.php

Name (Last, First)	W#
Telephone/Cell	Email
Select One: Substitution Waiver* * Associate Degree for Transfer course requirements cannot be waived	
Program Information	
Select One:	Associate Degree for Transfer Associate Degree Certificate
Program Title Catalog Year (ie. 2024-2025)	Associate Degree for Hallster Associate Degree Certificate
Course Waived or Substituted	
Subject, Number, Title (ie. STAT C1000 Introduction to Statistics) Units	
Course Used for Substitution (if applicable)	
Name of Institution Subject, Number, Title (ie. STAT C1000 Introduction to Statistics)	Units Semester, Year (ie. Fall 2023)
Rationale for Substitution or Waiver	
Select One: Required course no longer offered Similar course completed Required course has n	ot been offered for three semesters Prior experience/training
Other/Comments:	
Office Use Only	
Discipline Faculty Coordinator of Program	
Select One: Approve Deny Signature and Date	
Other/Comments:	
Division Dean of Program or Articulation Officer	
Select One: Approve Deny	
Signature and Date Other/Comments:	
Las Positas College Academic Senate President	
Select One: Approve Deny	
Other/Comments:	