

Name (Last, First) \_\_\_\_\_

W# \_\_\_\_\_

Telephone/Cell \_\_\_\_\_

Email \_\_\_\_\_

Select One:

☐

Substitution

☐

Waiver\*

\* Associate Degree for Transfer course requirements cannot be waived

## Program Information

Program Title \_\_\_\_\_

Catalog Year (ie. 2024-2025) \_\_\_\_\_

Select One:

☐

Associate Degree for Transfer

☐

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:

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Required course no longer offered

☐

Similar course completed

☐

Required course has not 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

Signature and Date \_\_\_\_\_

Other/Comments: