LAS POSITAS COLLEGE

REQUEST FOR COURSE SUBSTITUTION OR WAIVER OF AA/AS/CA 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, <u>with required documentation</u>, to Admissions and Records.

    1) Only lower division courses completed at a regionally accredited institution will be considered.

    2) Please provide an <u>official transcript</u> and a <u>course syllabus</u> or <u>course outline</u> including a <u>detailed course description</u>.

    3) If approved, a student may be required to substitute elective course(s) to obtain the total units required for the program.

    4) For prior experience, include <u>parallel experience(s)</u> and <u>supporting documents</u> which may include <u>transcripts</u>, <u>statements of employers</u>, and <u>military or technical school certificates</u> which provide(s) rationale for waiving of program requirement

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

2. 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 review and then to Evaluator review. *

3. 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:

	Course Prefix & Number	Course Title	Number of Units	Semester & Year	College or University
Program Requirement:					
Proposed Substitution:					
Rationale – please briefly explain:					

B. <u>**To Request A Waiver Of A Program Requirement:**</u>

	Course Prefix & Number	Course Title	Number of Units
I wish to waive:			

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:

<u>VERIFICATION</u>:

A. <u>**Program Discipline Faculty**</u>

Discipline Faculty Signature:		Date:	
Recommendation: ◯ Approve ◯ Deny	Rationale:		

B. <u>**Division Dean**</u>

Division Dean Signature:		Date:	
Recommendation: ◯ Approve ◯ Deny	Rationale:		

* If the Division Dean denies Discipline Faculty approval, or approves Discipline Faculty denial, the Las Positas College Academic Senate shall make the final determination.