

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:

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

Rationale:

- Required course no longer offered
- Required course has not been offered in the last two terms and not offered in the next term
- Other – 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:

- 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:	
Recommendation: <input type="radio"/> Approve <input type="radio"/> Deny	Rationale:		

B. Division Dean

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