

Name (Last, First) _____

W# _____

Telephone/Cell _____

Zonemail _____

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: Required course no longer offered Similar course completed Required course has not been offered for three semesters Prior experience/training
 Satisfies the parameters of the Transfer Model Curriculum (TMC)

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: