LAS POSITAS COLLEGE

REQUEST FOR COURSE SUBSTITUTION OR WAIVER OF PROGRAM REQUIREMENT

Name:		W#:	Date:			
Telephone/Cell:		Street Address:				
Email:		City, State, ZIP:				
(ALSS) Division Dean – Bldg. 4000, Room 4111		vision Dean – Bldg. 2100, Room 2132	(BSBA) Division Dean – PE Complex, Room 116	Student Services Dean Bldg. 1600, Room 1616		
ANTR - Anthropology ASL - American Sign Language LIRA - Library Sk MSCM - Mass Communications * MSCM - Journal * MSCM - Journal * MSCM - TV/Radi Performing Arts * FREN - French * ITLN - Italian * SPAN - Spanish GEOG - Geography HIST - History Humanities * ARTS - Art * ARHS - Art History * HUMN - Humanities * PHIL - Philosophy * RELS - Religious Studies * VCOM - Visual Communications	AJ - Administration of Justice ANAT - Anatomy ASTR - Astronomy AUTO - Automotive BIOL - Biology BOTN - Botany CHEM - Chemistry CIS - Computer Information Sys CNT - Computer Networ Tech CS - Computer Science ELEC - Electronics &	FST - Fire Service Technology GEOL - Geology HORT - Horticulture HSCI - Health Sciences MATH - Mathematics MICR - Microbiology OSH - Occupational Safety & Health PHT - Pharmacy Technology PHYS - Physics CE PHSI - Physiology SURG - Surgical Technology VWT - Viticulture/Winery Technology WLDT - Welding Technology	BUSN – Business Child Development Center ECD – Early Childhood Dev. ECON - Economics HLTH – Health/Wellness Intercollegiate Athletics INTN - Internship KIN – Kinesiology (formerly Physical Education) MKTG - Marketing NUTR – Nutrition PSYC – Psychology WRKX – Work Experience	PSCN – Psychology/Counseling GNST – General Studies LRNS – Learning Skills TUTR - Tutoring		
MAJOR OR EDUCATIONAL DE A.A. Degree in A.S. Degree in		AA-				
NOTE: A. TO REQUEST A SUBSTITUT NOTE: Only courses completed at a	Please refer to the Co	ollege Catalog for gradu	Admissions and Records to	o confirm the institution is		
	Course Title	Course Nur	mber Numb	per of Units		
I wish to substitute:						
In place of:						
B. TO REQUEST A WAIVER OF	F A PROGRAM REQI	<u>UIREMENT</u> :				
	Course Title	Course Nur	mber Numb	er of Units		
I wish to waive*:						
Rationale:						

NOTE: To complete Sections A and/or B, include parallel experience(s) which provide(s) rationale for course substitution or waiving of program requirement.

- Submit supporting documents which may include transcripts, statements of employers, and military or technical school certificates.
- If course taken at another accredited college, please provide an official transcript and a course description from college catalog or course outline.
- * If approved, student must substitute appropriate elective course(s) to obtain the total units required in the program.

(Please see reverse side for verification signatures and procedures)

VERIFICATION:

C. RECOMMENDATION OF INSTRUCTOR:

Instructor Signature:			nature:		Date:	
	Approve		Deny	Rationale:		

D. RECOMMENDATION OF DIVISION DEAN (Note: Student Services Dean handles PSCN courses)

Dean Signature:		ture:		Date:		
	Approve		Deny	Rationale:		

E. <u>RECOMMENDATION OF STUDENT SERVICES DEAN</u>

Dean Signature:		ture:		Date:		
	Approve		Deny	Rationale:		

Course Substitution or Program Requirement Waiver Procedure

- 1. Student obtains form from Counseling or online @ http://www.laspositascollege.edu/counseling/forms.php
- 2. Student submits request, with required documentation (see Page One), to designated Dean's Office.
- 3. Dean's Assistant submits form to instructor for approval or rationale of denial; faculty returns form to Dean's Office.
- 4. Dean countersigns; send to Dean's Assistant, Student Services.
- 5. Student Services Dean reviews and signs off.
- 5. Student Services Dean's Assistant notifies student by telephone; email or mail copy of form.
- 6 Student Services Dean's Assistant scans or copies form for departmental file and/or tracking purposes.
- 7. Student Services Dean's Assistant submits original to Admissions and Records.