Substitution/Waiver Petition of Graduation Requirements

Student Instructions for Completing this Petition*

*If you are requesting a disability-related accommodation for course substitution/waiver, contact Disabled Student Programs & Services (DSPS) for consultation. To schedule an appointment to meet with a DSPS Specialist, please call (805) 730-4164 or visit SS 160.

1. Attach a typed description and rationale for the requested substitution(s)/waiver(s) to this form. Also attach copies of documents in support of your petition, such as copies of transcripts and course descriptions. Use a separate form for each Program of Study (Major).

2. Review the petition with an SBCC Academic Counselor to verify your catalog rights to the program requirements for which a substitution or waiver is being requested prior to the Degree Application Deadline¹. Filing of substitution/waiver petitions prior to the degree deadline is recommended. Counselor verification of catalog rights is not an inferred or explicit endorsement of the substitution/waiver petition.

3. Submit the petition and attachments to the Chairperson of the department offering the course for which the substitution/waiver is requested (NOTE: In some cases this may also be the department offering the degree).

4. Submit the petition and attachments to the Chairperson of the department offering the DEGREE for which you are applying. (Note: For degrees within Liberal Studies or General Education obtain the signature of the Dean, Educational Programs, SS 260 in lieu of Department Chair signature).

5. Submit the completed petition with all attachments to the Scholastic Standards Committee, care of the Admissions & Records, SS-110. Note: All substitution and waiver approvals by Department Chairs are subject to Department, District, State and Accreditation policies and standards.

6. For Information Competency Requirements, Area F, use the Information Competency Form at http://sbcc.edu/studentservices/information_competency/
   http://sbcc.edu/studentservices/information_competency/Info%20Comp%20spring%202013.pdf

Incomplete Petitions Will NOT be processed!

In the event the Department Chairpersons do not concur in their approval or denial, this petition will be referred to the appropriate Dean, Educational Programs for a recommendation to the Scholastic Standards Committee.

¹ Calendar: http://www.sbcc.edu/schoolcalendar or contact the Counseling Department at 805-965-0581 Ext. 2285 for deadline date information.
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STEP 1: Student Information to be completed by the STUDENT

Student ID #K00___________________________

Last Name___________________________ First Name___________________________

Mailing Address______________________________

City __________________________ State _______ Zip ________________

Phone number (______) __________________________ E-Mail ____________________@pipeline.sbcc.edu

Area Code

STEP 2: Degree Information REQUIRED to be completed by COUNSELOR

Counselor Name___________________________

Code________ Date________

SBCC Program(s) of Study (Major):________

Example (Health Information Technology)

Degree(s)  AA  AS  Cert  SCA  DA  Catalog Year*

Example: SPRING 2013 or 12-13

(*See www.sbcc.edu SBCC General Catalog/Degrees & Certificates/Catalog Rights for policy information.)

STEP 3: Substitution/Waiver Information to be completed by DEPARTMENT CHAIR(S)

Note: IF there are more than 3 substitutions/waivers or further waiver rationale please use another petition as a second page.

Substitute COURSE _______________ From ____________________ FOR SBCC Course (Requirement) ____________________

Substitute Course & Number _______ Units _______ Type* _______ Grade _______ Term _______ College _______ for Course & Number _______

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Substitute Course & Number _______ Units _______ Type* _______ Grade _______ Term _______ College _______ for Course & Number _______

Waiver Request (A student must complete a minimum of 18 semester or 27 quarter units in the major.)

Waive___________________________ Rationale ____________________

Waive___________________________ Rationale ____________________

Waive___________________________ Rationale ____________________

PRINT Name of Department Chair offering COURSE ____________________

Signature of Department Chair offering COURSE ____________________

Date Signed: ____________________

PRINT Name of Department Chair offering DEGREE ____________________

Signature of Department Chair offering DEGREE ____________________

Date Signed: ____________________

Office Use Only: APPROVED  DENIED  Date ____________________ Initials ____________________ Date Stu/Grad Ofc notified: ____________________ by ____________________

DARS(u.achieve) Final Exception Processed: Date ____________________ by ____________________ Notes: ____________________