



Student Instructions for Completing this Petition

- A. Attach a typed **description and rationale for the requested waiver(s)/ substitution(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).**
- B. Review the petition with an SBCC Academic Counselor to verify your catalog rights to the program requirements for which a waiver or substitution is being requested **prior to the Degree Application Deadline**¹. Filing of waiver/substitution petitions prior to the degree deadline is recommended. Counselor verification of catalog rights is not an inferred or explicit endorsement of the waiver/substitution petition.**
- C. Submit the petition and attachments to the Chairperson of the department offering the course for which the waiver/substitution is requested (NOTE: In some cases this may also be the department offering the degree).**
- D. Submit the petition and attachments to the Chairperson of the department offering the DEGREE for which you are applying. (Note: For Liberal Studies AA the Dean's Signature, SS 260 is required in lieu of Department Chair signature).**
- E. Submit the completed petition with all attachments to the Scholastic Standards Committee, care of the Admissions and Records Office, SS- 110, Window 6. Note: All waiver and substitution approvals by Department Chairs are subject to Department, District, State and Accreditation policies and standards.**

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.sbccc.edu/schoolcalendar> or contact the Counseling Department at 805-965-0581 Ext. 2285 for deadline date information.



Waiver/Substitution Petition of Graduation Requirements

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: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Initials _____ Date Stu/Grad Ofc notified: _____	
Initials _____	
CATALOG YEAR _____	Comments: _____
DPROG _____	
REQ _____	SUBREQ _____
PSEUDO COURSE _____	PSEUDO _____
COURSE _____	
<input type="checkbox"/> CS = Course Substitution <input type="checkbox"/> CE = Course Equivalency <input type="checkbox"/> WC = Waive Course <input type="checkbox"/> WU = Waive Units <input type="checkbox"/> WH = Waive Hours <input type="checkbox"/> WR = Waive Requirement	
<input type="checkbox"/> RC = Requirement Complete <input type="checkbox"/> RM/RO/ES = Requirement Modification	DARS Final Process Date: _____
Initials: _____	