Waiver/Substitution Petition of Graduation Requirements

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). For Information Competency Requirements see letter F.

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 5. Note: All waiver and substitution approvals by Department Chairs are subject to Department, District, State and Accreditation policies and standards.

F. For Information Competency Requirements, Area F, complete sections A and B and submit to Academic Counseling Office, Student Services Building.

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](http://www.sbcc.edu/schoolcalendar) or contact the Counseling Department at 805-965-0581 Ext. 2285 for deadline date information.
Waiver/Substitution Petition of Graduation Requirements

STEP 1: Student Information to be completed by the STUDENT

Student ID # K ____________________________________________

Last Name____________________________________ First Name__________________________________

Mailing Address___________________________________________________________________________

City _________________________________________________State _________Zip ___________________

Phone number (_______) ________________________ E-Mail ___________________________________

STEP 2: Degree Information REQUIRED to be completed by COUNSELOR

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

Example (Interior Design)

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

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

Example: FALL 2008 or 08-09

Counselor Code: ________ Initials ________ Date ________________________

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.

Substitution Request

Substitute __________________ ______  ____ _____      _____ ______________________ for ______________________

Course & Number Units Type* Grade  Term College

Substitute __________________ ______  ____ _____      _____ ______________________ for ______________________

Course & Number Units Type* Grade  Term College

Substitute __________________ ______  ____ _____      _____ ______________________ for ______________________

Course & Number Units Type* Grade  Term College

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

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 __________________________

DARS(u.achieve) Final Exception Processed: __________________________

Initials ________ Date Stu/Grad Ofc notified: __________________________

by ________

Notes: __________________________