**PETITION for COURSE SUBSTITUTION OF CERTIFICATE/DEGREE REQUIREMENTS**

Name

Expected semester of graduation

Mailing Address

Title of Degree/Certificate

City, State, Zip

Student ID#

**Important Information**

This petition requests the relevant department to substitute a course(s) from either DVC or another college or institution for a course that is required for a degree or certificate. While courses may be substituted, units may not be waived. Documentation must be provided. Official transcripts must be on file or provided at the time of submission. Please provide course descriptions for any non-DVC work. All petitions must be processed and received in Admissions by the last day of the semester of graduation.

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<tr>
<th>Requested Substitution Title</th>
<th>Substitution Course Name</th>
<th>Units</th>
<th>Grade</th>
<th>Where Taken</th>
<th>Required Course</th>
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Only one department/subject per form is allowed.

If there are any required units remaining after substitution, they shall be met with the following course:

<table>
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<tr>
<th>Course Title</th>
<th>Course Name</th>
<th>Where Taken</th>
<th>Grade</th>
<th>Units Covered</th>
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If there are any required units remaining after substitution, they shall be met with the following course:

Reason:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

___________________________________________________________________________________

Student Signature ______________ Date ______________ Telephone# ______________

**Statement to the department/dean**

This course substitution form is being sent to the appropriate department because Admissions could not determine a course equivalency. The age of the course submitted for review cannot be a determining factor in review, unless specified otherwise in the catalog. Please ensure all units are accounted for. **Please return to A&R within 10 business days of receipt.**

Action of Program Lead/Department Chair:

- [ ] Approved
- [ ] Denied

Signature _______________________

Action of Division Dean:

- [ ] Approved
- [ ] Denied

Signature _______________________

Comments:

____________________________________________________________________________________

____________________________________________________________________________________

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