



# SUBSTITUTION/WAIVER PETITION OF GRADUATION REQUIREMENTS

## Instructions for Completing this Petition\*

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

1. Complete Step 1 of the petition. If substituting coursework from another college, [official transcripts must be submitted to SBCC](#).
2. Review the petition with an SBCC Academic Counselor to verify your catalog rights for the program requirements for which a substitution or waiver is being requested. **Note: Counselor verification of catalog rights is not an inferred or explicit endorsement of the substitution/waiver petition.**
3. Submit the petition to the Chairperson of the department offering the course for which the substitution is requested (PART B of the petition) or for which the waiver is requested. In some cases, this may be the same department offering the program of study (#4 below).
4. Submit the petition to the Chairperson of the department offering the program of study for which you are applying. For programs of study 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 TO ADMISSIONS & RECORDS, SS-110 OR EMAIL TO [DIPLOMAS@SBCC.EDU](mailto:DIPLOMAS@SBCC.EDU)**  
**INCOMPLETE PETITIONS WILL NOT BE PROCESSED.**

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

To petition Information Competency Requirements (Area F), use the Information Competency Petition Form at <http://sbcc.edu/student-services/information-competency/>



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## STEP 1: COMPLETED BY STUDENT

Student ID K

Email \_\_\_\_\_@pipeline.sbcc.edu

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Substitution Request:** If substituting coursework from another college, **official** transcripts must be submitted to SBCC.

PART A				PART B	
Substitute Course & Number	Units	Term	Grade	College/University	For SBCC Course/Requirement
<i>Example: MAT 121</i>	<i>3</i>	<i>S20</i>	<i>A</i>	<i>SBCC</i>	<i>GDP 230</i>

**Waiver Request** Note: Students must complete a minimum of 18 semester or 27 quarter units in a program of study for an associate degree. Do not request a substitution and a waiver for the same course(s).

Waive \_\_\_\_\_ Reason \_\_\_\_\_

Waive \_\_\_\_\_ Reason \_\_\_\_\_

## STEP 2: COMPLETED BY COUNSELOR\*

Counselor: _____
Code: _____ Date: _____

Catalog Year: \_\_\_\_\_  
e.g. 2020-2021

**Program Type** (Check all that apply to petition):  AA  AS  Certificate  Skill Comp Award  Department Award

**Program of Study:** \_\_\_\_\_  
e.g. Health Information Technology. Use a separate petition for each program of study.

**Planned General Education pattern (AA/AS only):** SBCC GE IGETC CSU GE Breadth

*\*Counselor verification of catalog rights is not an inferred nor explicit endorsement of petition.*

## STEP 3: COMPLETED BY DEPARTMENT CHAIR(S)

\_\_\_\_\_  
**Name of Department Chair offering COURSE (PART B or Waiver)**      **Signature**      **Date**

\_\_\_\_\_  
**Name of Department Chair offering PROGRAM OF STUDY**      **Signature**      **Date**

**OFFICE USE ONLY:**    Approved    Denied     Exception Applied    Date \_\_\_\_\_    Initials \_\_\_\_\_