

Name (Last, First) _____

W# _____

Telephone/Cell _____

Email _____

Select One:

☐

Substitution

☐

Waiver*

* Associate Degree for Transfer course requirements cannot be waived

Program Information

Program Title _____

Catalog Year (ie. 2024-2025) _____

Select One:

☐

Associate Degree for Transfer

☐

Associate Degree

☐

Certificate

Course Waived or Substituted

Subject, Number, Title (ie. STAT C1000 Introduction to Statistics) _____

Units _____

Course Used for Substitution (if applicable)

Name of Institution _____

Subject, Number, Title (ie. STAT C1000 Introduction to Statistics) _____

Units _____

Semester, Year (ie. Fall 2023) _____

Rationale for Substitution or Waiver

Select One:

☐

Required course no longer offered

☐

Similar course completed

☐

Required course has not been offered for three semesters

☐

Prior experience/training

☐

Satisfies the parameters of the Transfer Model Curriculum (TMC)

Other/Comments:

Office Use Only

Discipline Faculty Coordinator of Program

Select One:

☐

Approve

☐

Deny

Signature and Date _____

Other/Comments:

Division Dean of Program or Articulation Officer

Select One:

☐

Approve

☐

Deny

Signature and Date _____

Other/Comments:

Las Positas College Academic Senate President

Select One:

☐

Approve

☐

Deny

Signature and Date _____

Other/Comments: