SUBSTITUTION/WAIVER PETITION OF GRADUATION REQUIREMENTS

*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.

General Information

It is recommended that you consult with an academic counselor to determine whether a petition is necessary, and to verify your eligibility and catalog rights for the program of study.

To substitute coursework from another college, **official transcripts must be submitted to SBCC.**
Do not request a substitute and a waiver for the same course. This petition is not used for Associate Degrees for Transfer or to evaluate CSU-GEB or IGETC GE requirements. See an academic counselor for assistance.

To request evaluations of external coursework for prerequisite clearance, course planning, and the fulfillment of degree and certificate requirements, see the Transcript Evaluation Office.

When using coursework completed at other California community colleges, petitions are not required for programs of study within Liberal Arts and Sciences/Liberal Studies, or for GE requirements. See an academic counselor for assistance.

To petition the Information Competency requirement (SBCC GE Area F), use the Information Competency Petition.

Department Chair Approvals

Submit the petition to:
1. The Chairperson of the department offering the required course for which the substitution or waiver is requested.
2. The Chairperson of the department offering the program of study* for which you are petitioning.

Email approvals will be accepted in place of a signature. You must attach the email from the department chair(s) to your petition.

*In many cases, this will be the same as the department offering the substituted course. Multidisciplinary programs (i.e. Liberal Arts and Sciences) and SBCC General Education only require one signature. Contact an academic counselor or the Degree Analyst (diplomas@sbcc.edu) if you have questions about required signatures.

Submitting the petition

Email the completed petition to diplomas@sbcc.edu or submit to Admissions & Records, SS-110**.**
Incomplete petitions will not be processed.

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

SUBSTITUTION/WAIVER PETITION OF GRADUATION REQUIREMENTS

Student ID   K

Email: _____@pipeline.sbcc.edu

Last Name: _____   **First Name**:_____

Program Type (*Check all that apply*): ☐ AA/AS   ☐ Certificate   ☐ Skills Comp Award   ☐ Department Award
For Associate Degrees for Transfer (AA-T/AS-T), please use the AD-T petition

Program of Study:_____
e.g. Computer Network Engineering. Use a separate petition for each program of study.

Planned GE pattern *(AA/AS only):* ☐ SBCC GE ☐ IGETC ☐ CSU GE Breadth   **Catalog Year**:_____
e.g. 2023-2024

Substitution Requests   *When substituting coursework from another college, official transcripts must be submitted to SBCC*

Required Course:_____   Substitute Course:_____
e.g. ART 120   *e.g. MAT 140*

Substitute Course completed or in progress at: ☐ SBCC *or* School Name:_____

Term: _____   Course units:_____   Final Grade: _____ *or* ☐ Course is in progress
e.g. Fall 2022

Required Course:_____   Substitute Course:_____

Substitute Course completed or in progress at: ☐ SBCC *or* School Name:_____

Term: _____   Course units:_____   Final Grade: _____ *or* ☐ Course is in progress

Required Course:_____   Substitute Course:_____

Substitute Course completed or in progress at: ☐ SBCC *or* School Name:_____

Term: _____   Course units:_____   Final Grade: _____ *or* ☐ Course is in progress

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Waiver Requests   *Students must complete a minimum of 18 semester or 27 quarter units in a program of study for an associate degree.*

Reason for Waiver:

Required Course:_____

Required Course:_____

Department Chair Approval   *Email approvals can be accepted in place of a signature. Email from chair(s) must be submitted with petition.*

_____   _____   _____
Name of Department Chair offering Required Course(s)   *Signature*   *Date*

_____   _____   _____
Name of Department Chair offering Program of Study   *Signature*   *Date*

OFFICE USE ONLY: Processed by:_____   Date:_____
Notes: