

**Office of the Registrar
Course Substitution/Waiver Form**

Printed Name: _____ Date: _____

Signature: _____

SSN: _____ Expected term of graduation: _____

I hereby request permission to: _____ Substitute _____ Waive the following course:

Prefix/# _____

Title: _____ for _____ Credits taken
_____ (Term/Year) at _____ (Institution) for:

Prefix/# _____ (or LACC PE requirement)

Title _____ for _____ Credits

Rationale: _____

Department Chair's Signature: _____ Date: _____

Comments/Recommendation: _____

Division Chair's Signature: _____ Date: _____

Registrar's Office Use Only:

Date of Receipt: _____ Processing Date: _____ By: _____

Denied, rationale: _____