



## SUBSTITUTION/WAIVER PETITION OF GRADUATION REQUIREMENTS: ASSOCIATE DEGREES FOR TRANSFER

### 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 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 [Articulation Officer](#).
4. **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/studentervices/informationcompetency/>



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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: SOC 125</i>	<i>4</i>	<i>S20</i>	<i>A</i>	<i>SBCC</i>	<i>MATH 117</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-T AS-T Planned GE pattern: IGETC CSU GEB

Program of Study: \_\_\_\_\_

e.g. Psychology AA-T. Use a separate petition for each program of study.

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

## STEP 3: COMPLETED BY ARTICULATION OFFICER

\_\_\_\_\_  
*Signature of Articulation Officer*

\_\_\_\_\_  
*Date*

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