## **Admissions and Records Petition Substitution of Degree Requirements**

					Gradua	ation: (expected)		
					☐ Fal	Ⅱ ☐ Spring ☐ Summ	er Year:	
SCCID#:				Ma	Major:			
Name:				En	nail Address:			
Address:				Da	Date of Birth:			
City/ State/	Zip:							
Select one								
	<del>'.</del> <b>uirement</b> (Must hav	ve signatur	e of Scho	ol Dean)				
	Substitution (Course	e for course	ONLY.	Course description	ons/syllabus a	and official transcript m	ust be provided) Work	
	•				•	erformed complies with	course syllabus)	
	ducation Requirem	, ,				- ,		
	Substitution only (Co				•	•		
	DD295 or DD214 wi Meets requirements					quired) CSU GE Option C Area	a E)	
	Vaiver of GE require ccredited college or					ree from a regionally o is required.		
Course Title or Work Experience	CourseTitle/Number	Semester Units	Grade	College Where Taken	Semester/ Year	SCC Class Title / # you wish to substitute for: (Example: ENGL 001)	Approve/Deny	
Reason for I	l Request:(to be comple	eted by stud	ent)		<u> </u>	1		
Counselors	Notes:							
Student's Signature (Required)  Date				ate	Telephone No.			
Action of De	ean of School (major i	requirement)	or A&R D	OFFICE USE ean or designee (		nt)		
	· ·	•		-	· •	tent of the requiremen	t.  Approved Waiver	
☐ Approv	ed Substitution - 7	The requeste	ed substitu	tion meets the spi	rit of intent of th	ne requirement.   Cred	lit-by-Exam	
Faculty Red	commendation (option	al):						
Print Facult	y Name:							
(Required only if Faculty input is requested by Dean)				•	Dean Signature			
Doto	Date: Print Dean's Name: (Required)				(Required)			
	(Required)							
	(Required)	Dean or desi	gnee Nam	e:		Sign:		

Rec'd By: \_\_\_\_\_

Date: \_\_\_\_\_

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