

PETITION for COURSE SUBSTITUTION OF CERTIFICATE/DEGREE REQUIREMENTS

Name	Expected semester of graduation
Mailing Address	Title of Degree/Certificate
City, State, Zip	Student ID#

**Important Information**

This petition requests the relevant department to substitute a course(s) from either DVC or another college or institution for a course that is required for a degree or certificate. While courses may be substituted, **units may not be waived**. Documentation must be provided. Official transcripts must be on file or provided at the time of submission. Please provide course descriptions for any non-DVC work. All petitions must be processed and received in Admissions by the last day of the semester of graduation.

Only one department/subject per form is allowed.

Requested Substitution Title	Substitution Course Name	Units	Grade	Where Taken	Required Course

If there are any required units remaining after substitution, they shall be met with the following course:

Course Title	Course Name	Where Taken	Grade	Units Covered

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature	Date	Telephone#
-------------------	------	------------

**Statement to the department/dean**

This course substitution form is being sent to the appropriate department because Admissions could not determine a course equivalency. The age of the course submitted for review cannot be a determining factor in review, unless specified otherwise in the catalog. Please ensure all units are accounted for. **Please return to A&R within 10 business days of receipt.**

Action of Program Lead/Department Chair:  
 Approved     Denied    Signature \_\_\_\_\_ Date \_\_\_\_\_

Action of Division Dean:  
 Approved     Denied    Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_