



COURSE WAIVER / SUBSTITUTION FORM

Name: _____

Phone: _____

Student I.D. #: _____

Compton Email: _____

The above student is applying for:

Associate of Science Degree

Certificate of Achievement

Associate in Arts Degree

Certificate of Accomplishment

Major: _____

To fulfill degree/certificate requirements, I am requesting the following course substitutions or waivers:

Degree Requirement

Waiver/Substitution Requested

Where was the course taken?

Course: _____ Substitution: _____ Course taken at: _____

Course: _____ Substitution: _____ Course taken at: _____

Course: _____ Substitution: _____ Course taken at: _____

Course: _____ Substitution: _____ Course taken at: _____

Course: _____ Substitution: _____ Course taken at: _____

Comments: _____

SUPPORTING DOCUMENTATION IS REQUIRED FOR APPROVAL

Student Signature

Date

Approve Deny

Counselor Name/Signature

Date

If approved, submit to Admissions and Records for final review and approval. If the waiver is denied, the student may appeal to the Division Chair

Division Chair Signature

Approve Deny

Date

Director of Admissions and Records

Approve Deny

Date

Comments: _____