

Purpose of the Form

This form is for requesting a waiver of a course listed as a program requirement in the college catalog for an Associate Degree (AS/AS), Certificate of Achievement, or Certificate of Accomplishment.

1. This form **cannot be used for** requesting to satisfy a **General Education requirement**. Determination of General Education applicability is conducted through the incoming transcript request process or during evaluation of a graduation request.
2. The course used for the substitution must be:
 - a. **From a regionally accredited institution.**
 - b. **Lower division.**
 - c. **Completed and transcribed.**
3. If approved, a student shall be required to substitute elective course(s) to obtain the total units required for the program.

Filling Out the Form

1. Fill out one form per course waiver.
2. Fill out the **Student Information** section with your most up to date contact information.
3. Fill out the title of the **Program/Major** and select the type of program.
4. Fill out the **I wish to waive the following course** section with information for the Las Positas College course you wish to be substituted with another course. The semester/year is for the academic year of the catalog with the programmatic course sequence you are following (e.g. the catalog for the year you started or restarted).
5. For the **Rationale**, select the reason for the waiver and feel free to add comments as needed.

Required Supporting Materials

Please provide:

1. Evidence of **parallel experience(s)** and **supporting documents** which may include **transcripts, statements of employers**, and military or **technical school certificates** which provide(s) a rationale for waiving of a program requirement, **OR**
2. An **official transcript**.
 - a. **Foreign transcripts** need an **official evaluation** by an **accredited agency**.
3. Academic records that demonstrate all program requirements are completed or close to completion if the waiver is being requested because the course has not been offered recently or is no longer offered.

Submitting the Form

Submit the completed **Form** and the **Required Supporting Materials** electronically to lpc-articulation@laspositascollege.edu or in person to the Front Desk in Building 1600 addressed to the Articulation Officer and email a notification of your submission to lpc-articulation@laspositascollege.edu.

Review and Notification Process

The **Program Faculty Coordinator** and their **Division Dean** will review the materials and make their determinations. If the Program Faculty Coordinator and their Division Dean **disagree** regarding approval/denial of the request, the Las Positas College Academic Senate shall make the **final determination**. The student will be notified of the final decision by A&R.

Request for a Waiver of an Associate Degree (AA/AS) or Certificate Requirement

Student Information

Last Name <input style="width: 90%;" type="text"/>	First Name, M.I. <input style="width: 90%;" type="text"/>
W# <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
Current Address <input style="width: 90%;" type="text"/>	City <input style="width: 20%;" type="text"/> State <input style="width: 5%;" type="text"/> ZIP <input style="width: 10%;" type="text"/>
Phone <input style="width: 90%;" type="text"/>	Email Address <input style="width: 90%;" type="text"/>

Program Information

Program/Major <input style="width: 98%;" type="text"/>		
Program Type	<input type="radio"/> Associate of Arts (AA) Degree	<input type="radio"/> Associate of Science (AS) Degree
	<input type="radio"/> Certificate of Achievement	<input type="radio"/> Certificate of Accomplishment

I wish to waive the following course:

Course Prefix <input style="width: 60%;" type="text"/>	Course Number <input style="width: 60%;" type="text"/>	Course Title <input style="width: 98%;" type="text"/>
Units <input style="width: 35%;" type="text"/>	Semester/Year <input style="width: 60%;" type="text"/>	

Rationale

- | | |
|--|---|
| <input type="radio"/> Required course no longer offered | <input type="radio"/> Prior experience |
| <input type="radio"/> Completed equivalent course at another institution | <input type="radio"/> Required course has not been offered in the last two terms and will not be offered in the next term |

Other/Comments:

Program Faculty Coordinator

Signature <input style="width: 98%;" type="text"/>	Date <input style="width: 98%;" type="text"/>
<input type="radio"/> Approved <input type="radio"/> Denied	Rationale:

Program Division Dean

Signature <input style="width: 98%;" type="text"/>	Date <input style="width: 98%;" type="text"/>
<input type="radio"/> Approved <input type="radio"/> Denied	Rationale:

Las Positas College Academic Senate President

Signature <input style="width: 98%;" type="text"/>	Date <input style="width: 98%;" type="text"/>
<input type="radio"/> Approved <input type="radio"/> Denied	