

Request for Waiver or Substitution of Course Requirement

Student Information

Student's Name _____ Gavilan ID# _____

Address _____
Street City State Zip

Home Phone (_____) _____ Cell (_____) _____

Email address _____

Major _____ Semesters at Gavilan _____ Units Completed _____

Course Information

★ { I hereby request a waiver of
 Gavilan course _____
Discipline Number Course Title Units

Which is a requirement for Degree Major Certificate Gavilan General Education
OR

{ I wish to substitute this course _____
Discipline Number Course Title Units

Taken at _____
Name of Institution (Official transcript must be on file)

For this Gavilan Course _____

Which is a requirement for Degree Certificate Gavilan Gen Ed IGETC

Rationale for Request

(Be specific. If request is for a Waiver, explain how the course content and/or skill has been met or mastered. If substituting one course for another, explain how the course is an appropriate substitution. Attach an official transcript and course description if the course was taken at another institution.)

Student's Signature _____ Date _____

Action:

Counselor _____ Date _____

Approved Denied Course Instructor _____ Date _____

Reason: _____

Department Chair _____ Date _____

Reason: _____

Area Dean _____ Date _____

Vice President of Instruction _____ Date _____

REGARDLESS OF DISPOSITION, PLEASE RETURN TO ADMISSIONS AND RECORDS