COLLEGE OF MARIN

Petition to Substitute / Waive Graduation Requirements

I have submitted an application for graduation.
❒ Yes: I have applied for ❒ Fall ❒ Spring 20_____
❒ No: I plan to graduate ❒ Fall ❒ Spring 20_____

PLEASE PRINT

SOCIAL SECURITY # (STUDENT I.D. #) DATE SUBMITTED _____

LAST NAME

FIRST NAME MIDDLE INITIAL

NUMBER & STREET

CITY

STATE ZIP DAY TIME PHONE
AREA CODE

E-MAIL ADDRESS _____

TO SUBSTITUTE

COURSE TITLE	FROM COLLEGE/UNIVERSITY*	FOR COLLEGE OF MARIN COURSE TITLE

***If from other than College of Marin, official transcript(s) and catalog description(s) must be attached to this petition.**

TO WAIVE

_____ Requirement for ❒ A.A. ❒ A.S. ❒ Certificate _____
COURSE NUMBER DISCIPLINE

BRIEFLY EXPLAIN

_____

_____

I understand that upon approval of this petition, it is my responsibility to submit a copy of the approved petition to the evaluator at the office of Admissions and Records.

STUDENT SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INSTRUCTOR'S COMMENTS

_____

_____

INSTRUCTOR SIGNATURE (optional) _____

DEPT. CHAIR APPROVAL (required) _____

COLLEGE PETITIONS COMMITTEE
❒ Approved ❒ Denied ❒ Pending
Date _____