

**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 _____

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

_____ 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 _____