

I have submitted an application for graduation			
<input type="checkbox"/> Yes: I have applied for	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	
<input type="checkbox"/> No: I plan to graduate	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	

COM Student ID Number _____ Date Submitted _____

Last Name _____

First Name _____ Middle Initial _____

Number and Street _____

City _____ State _____

Phone _____ Email _____

Part I: Substitution Details—requires the Department Chair signature in Part III.

If course was completed at another college, please indicate the college and the exact course prefix, course number, and course units in the space provided. **Official transcript/s and course description/s must be attached to this petition.**

College of Marin Course/s			Substituted Courses (Courses Actually Taken/ to be Taken)			
Course (e.g. ANTH 102)	Course Title	Units	Course (e.g. ANTH 102)	Name of Institution	Term & Year	Units

Part II: Waiver—a Waiver requires the Department Chair signature in Part III.

Course Title	Course (e.g. ANTH 102)	Specify the Degree/ Certificate	Discipline	Term & Year Taken/to be Taken	Units

Reason for request: Required course is no longer offered
 Required course has not been offered in the last two terms and not in the next term
 Other:

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 Enrollment Services.

Student Signature _____ Date _____

Part III: Approval Signature Approved Denied

OPTIONAL: Instructor's Name/Signature/Date REQUIRED: Department Chair's Name/Signature/Date

OFFICE USE ONLY

Received by _____ Date _____ Processed by _____ Date _____