

**SADDLEBACK COLLEGE**  
**Office of Admissions, Records, and Enrollment Services**  
**PETITION FOR COURSE SUBSTITUTION OR WAIVER**

**To the Student:**

1. Attach course descriptions and course syllabi from the other institutions to this form.
2. This form should be submitted to the appropriate Academic Division Office. The form will be reviewed and forwarded to the Office of Admissions and Records to be added to your records. This form may not be delivered to the Admissions Office by the student.
3. In no case will the Saddleback College transcript be altered as a result of an approved waiver/substitution.
4. You may contact the Office of Admissions and Records four weeks after submitting this petition for a response (approved or denied).
5. Approved petitions are valid ONLY with the official transcript(s) from the other institution(s) on file in the Office of Admissions and Records.

|                   |       |        |            |
|-------------------|-------|--------|------------|
| Last Name         | First | M.I.   | Student ID |
| Phone Number      |       | E-mail |            |
| Student Signature |       |        | Date       |

**Check appropriate box**

**Associate/Certificate Course Substitution (Requires signature of course instructor and Division Dean)**

A substitution is the use of a course from another college that is comparable to a Saddleback College course. Substitutions cannot be made using another Saddleback course.

Name of Certificate/Degree Affected: \_\_\_\_\_

| Saddleback course to be substituted (Enter course name and number) | Units | Course to be used as substitute for Saddleback course |                       | Units / Grade | Appr'd | Denied |
|--|-------|---|-----------------------|---------------|--------|--------|
|  |       | Course Name and Number                                | Name of other college |               |        |        |
|  |       |   |                       |               |        |        |
|  |       |   |                       |               |        |        |

**Associate/Certificate Course Waiver (Requires signature of course instructor and Division Dean)**

Waivers will exempt student from taking a particular course (Waives content only, not unit requirement.)

Reason waiver is requested: \_\_\_\_\_

Name of Certificate/Degree Affected: \_\_\_\_\_

| Saddleback course to be waived (Enter course name and number) | Units | Alternate program or experience completed to waive Saddleback course | Units/ Grade | Appr'd | Denied |
|---|-------|--|--------------|--------|--------|
|   |       |  |              |        |        |
|   |       |  |              |        |        |

**Comments:** \_\_\_\_\_

|                                       |      |                  |      |
|---------------------------------------|------|------------------|------|
| Instructor/Chairperson Signature      | Date | Dean's Signature | Date |
| Print Name                            |      | Print Name       |      |
| RECEIVED IN ADMISSION AND RECORDS BY: |      | Date:            |      |