

Request to Waive or Substitute Course

**Indicates required field*

Student Name* _____

Student ID/SSN* _____ Phone* _____

Address* _____
Street City State Zip

Petition for graduation on file? Yes No Program Name _____

I WISH TO MAKE A FORMAL REQUEST TO*:

Waive the following course requirement.

Course Number _____ Course Title _____

Substitute the following course for a required course.

Required Course Number _____ Course Title _____

Substitute Course Number _____ Course Title _____

My reason for requesting this waiver/substitute is _____

I understand that, if granted, this request does not reduce the number of credits required for my degree or certificate.

Student Signature* _____ Date _____

APPROPRIATE SIGNATURES MUST BE OBTAINED BEFORE SUBMITTING FORM TO GRADUATION SERVICES

Request to substitute/waive is*: Approved Not Approved

Criteria for approval of request _____

Department Chair Signature* _____ Date _____

Dean Signature* _____ Date _____

Return completed form to:

Mailing Address: Clackamas Community College, Graduation Services, 19600 Molalla Ave, Oregon City, OR 97045

Location: Graduation Services, Roger Rook Hall Lobby

Email: gradservices@clackamas.edu

For questions, contact:

Phone: 503-594-6651

Email: gradservices@clackamas.edu