

CCC Student ID # _____ Date _____

Student Name _____ Phone Number _____

Address _____
Street City State ZipPetition 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 _____

APPROPRIATE SIGNATURES MUST BE OBTAINED BEFORE TURNING FORM IN TO THE OFFICE OF GRADUATION SERVICESRequest 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, Community Center Room 121**Email:** gradservices@clackamas.edu**For questions, contact:****Phone:** 503-594-6651**Email:** gradservices@clackamas.edu