

*Providing your Social Security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement in the Schedule of Classes which describes how your number will be used. Providing your Social Security number means that you consent to the use of the number in the manner described.*

Student ID# \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_  
Home Work

Petition for graduation on file?  Yes  No

Program Name \_\_\_\_\_

**I WISH TO MAKE A FORMAL REQUEST TO:**

**Waive the following course requirement.**

Course No. \_\_\_\_\_ Course Title \_\_\_\_\_

**Substitute the following course for a required course.**

Required Course No. \_\_\_\_\_ Course Title \_\_\_\_\_

Substitute Course No. \_\_\_\_\_ Course Title \_\_\_\_\_

**My reason for requesting this substitute/waiver is** \_\_\_\_\_

\_\_\_\_\_

*I understand that, if granted, this request in no way reduces 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 ADMISSIONS, REGISTRATION AND RECORDS.**

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, Office of Admissions, Registration and Records, 19600 Molalla Avenue, Oregon City, OR 97045**

Location: **Enrollment Services Center, Roger Rook Hall**

Phone: **503-594-6100** Email: **admissions@clackamas.edu**