



SUBSTITUTION/WAIVER PETITION OF GRADUATION REQUIREMENTS

Associate Degrees for Transfer

**If you are requesting a disability-related accommodation for course substitution/waiver, contact Disability Services and Programs for Students (DSPS) for consultation. To schedule an appointment to meet with a DSPS Specialist, please call (805) 730-4164 or visit SS-160.*

General Information

It is recommended that you consult with an [academic counselor](#) to determine whether a petition is necessary, and to verify your eligibility and catalog rights for the program of study.

To substitute coursework from another college, [official transcripts must be submitted to SBCC](#). This petition is not used to evaluate CSU-GEB or IGETC GE requirements. See an academic counselor for assistance.

To request evaluations of external coursework for prerequisite clearance, course planning, and the fulfillment of degree and certificate requirements, see the [Transcript Evaluation Office](#).

Approval Signature

Submit the petition to the Articulation Officer: articulation@sbcc.edu

Submitting Petition

Email the completed petition to the Degree Analyst at diplomas@sbcc.edu or submit to Admissions & Records, SS-110. **Incomplete petitions will not be processed.**

All substitution and waiver approvals are subject to Department, District, State, and Accreditation policies and standards.



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Student ID K

Email: _____@pipeline.sbcc.edu

Last Name: _____ First Name: _____

For Associate Degrees (AA/AS), Certificates of Achievement, and other award types, [please use the correct petition.](#)

Program of Study:

_____ *e.g. Sociology for Transfer. Use a separate petition for each program of study.*

Planned GE pattern IGETC CSU GE Breadth **Catalog Year:** _____
e.g. 2023-2024

Substitution Requests *When substituting coursework from another college, official transcripts must be submitted to SBCC*

Required Course: _____ *e.g. MATH 117* Substitute Course: _____ *e.g. SOC 125*

Substitute Course completed or in progress at: SBCC or School Name: _____

Term: _____ *e.g. Spring 2023* Course units: _____ Final Grade: _____ or Course is in progress

Required Course: _____ Substitute Course: _____

Substitute Course completed or in progress at: SBCC or School Name: _____

Term: _____ Course units: _____ Final Grade: _____ or Course is in progress

Required Course: _____ Substitute Course: _____

Substitute Course completed or in progress at: SBCC or School Name: _____

Term: _____ Course units: _____ Final Grade: _____ or Course is in progress

Waiver Requests *Students must complete a minimum of 18 semester or 27 quarter units in a program of study for an associate degree.*

Reason for Waiver:

Required Course: _____

Required Course: _____

Articulation Approval *Email approval is accepted in place of a signature. Email from Articulation Officer must be submitted with petition.*

_____ *Articulation Officer Signature*

_____ *Date*

OFFICE USE ONLY: Processed by: _____ Date: _____

Notes: