
Student Name (please print)

Term and Year

Student ID

PETITION TO ALLOW SUBSTITUTION FOR TAFT COLLEGE GRADUATION/PROGRAM REQUIREMENTS

GENERAL INSTRUCTIONS: Students interested in obtaining substitutions for graduation or program requirements need to complete this petition, obtain appropriate signatures, and return it to the Records Office for submittal to the Academic Policies and Procedures Committee.

STEP 1: Student Petition

I request that the following course: _____ (grade: _____ units _____) taken at _____ during the _____ (semester/quarter) to be considered for substitution for the following Taft College degree or certificate requirement: _____.

Signature: _____

Date: _____

STEP 2: Counselor/Advisor Review:

Based on a review of course description and/or course outline of record, it is recommended that the above course be used to satisfy the following degree or certificate requirements:

<input type="checkbox"/> Major Field of Study Substitution		<input type="checkbox"/> Required Course: _____	<input type="checkbox"/> Elective/Other: _____
<input type="checkbox"/> Reading Competency	<input type="checkbox"/> GE: Natural Science		
<input type="checkbox"/> Writing Competency	<input type="checkbox"/> GE: Social Behavioral Science		
<input type="checkbox"/> Math Competency	<input type="checkbox"/> GE: Humanities		
<input type="checkbox"/> Course Requirement: Health	<input type="checkbox"/> GE: English Communication		
<input type="checkbox"/> Course Requirement: American History & Institutions	<input type="checkbox"/> GE: Communication & Analytical Thinking		
<input type="checkbox"/> Course Requirement: Information Competency	<input type="checkbox"/> GE: Elective		

Course-to-Course Equivalency: Based on a review of catalog course description, course outline of record, and/or articulation, we are requesting that the course be reviewed for equivalency to the following Taft College course: _____

Supporting documentation (attached) Catalog course description Course outline Other: _____

Signature: _____

Date: _____

STEP 3: Evaluator Review

Recommended

Not Recommended (please provide brief explanation)

Signature: _____

Date: _____

STEP 4: Division Faculty Review

Recommended

Not Recommended (please provide brief explanation)

Signature: _____

Date: _____

STEP 5: Division Chair Review

Recommended

Not Recommended (please provide brief explanation)

Signature: _____

Date: _____

ACADEMIC POLICIES AND PROCEDURES COMMITTEE ACTION

Approved

Denied

Chair Signature: _____

Date: _____