



COURSE WAIVER/SUBSTITUTION PETITION
Office of Admissions & Records
(one request per form)

Name: _____ ID Number (SSN): _____

Mailing Address: _____

Program of Study: _____

Waiver Section

(Course Number, Title & Credit Hours)

Substitution Section	
Requirement: _____	Substitution: _____
(Course Number, Title, & Credit Hours)	(Course Number, Title & Credit Hours)

Justification for request is to be completed by the student and/or program Department Chair for either waivers or substitutions. Additional pages may be attached as needed.

Student Signature Date

For Internal Use Only		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____
	Program Department Chair Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____
	Course Department Chair Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____
	Dean and/or VPI Signature(s) (if needed)	Date
<input type="checkbox"/> Received	_____	_____
	Registrar Signature	Date

By signing this document the student understands the following to be true: 1) No credit will be given for waived courses; but degree/certificate requirements will be reduced by the waived number of credits, 2) Waivers apply only to Umpqua Community College, 3) "Block Transfer" status may be affected by the granting of this waiver.