



# EL CAMINO COLLEGE

## STUDENT PETITION FOR WAIVER/SUBSTITUTION OF COURSE

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please Print) LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NUMBER/STREET CITY/STATE ZIP

MAJOR OR PROGRAM \_\_\_\_\_ STUDENT I.D. or SS # \_\_\_\_\_

**Student: Present your request as clearly and briefly as possible below. Use reverse side of this form if necessary.**

COURSE (One Petition Per Course) \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

**\*DO NOT WRITE BELOW THIS LINE\* (For Office Use Only)**

**ACTION TAKEN:**

By \_\_\_\_\_  Approved  Disapproved Date \_\_\_\_\_  
Department Signature

By \_\_\_\_\_  Approved  Disapproved Date \_\_\_\_\_  
Dean's Signature

By \_\_\_\_\_  Approved  Disapproved Date \_\_\_\_\_  
Registrar's Signature

**Note: Unanimous approval is required. Department signature is to be authorized as defined by department policy.**