Foothill College
Petition for Course Substitution or Waiver

Name: _______________________________________________ SID # ______________________________
Last First

Address: ___________________________________________ Phone # ______________________________
Number Street
City State Zip

Major: _____________________________________________ E-mail Address: ___________________________

Quarter: ___________________________ Date: __________________________

The following must be attached to this petition:

1. Copy of a U. S. college transcript (including Foothill College) or Foreign Evaluation showing completion of the course.
2. Course description and/or Course syllabus and/or Course outline.

I am requesting a substitution/waiver for: _____ General Education _____ Major _____ Certificate

Required course or area: __________________________________________

Requested substitution: __________________________________________

Explain your reason for requesting substitution/waiver: (use reverse of sheet if necessary)

________________________________________________________________________

________________________________________________________________________

Submission of a petition does not guarantee approval of petition.
It is the students' responsibility to retain a copy of this petition for use with graduation.

Student Signature __________________________________________

Counselor: ____________________________ ext: ______________

Office use only:
Division Recommendation
Comments: __________________________________________

________________________________________________________________________

________________________________________________________________________

Approve Deny Other

Instructor Signature Date ☐ ☐ ☐

Instructor Signature Date ☐ ☐ ☐

Div Dean/GE Co-Chair Date ☐ ☐ ☐

Academic Council
Comments: __________________________________________

________________________________________________________________________

________________________________________________________________________

Approve Deny Other

By: ____________________________ Date: ____________