Foothill College

Petition for Course Substitution or Waiver

Name:		SID#	
Last	First		
Address:		Phone #	
Number	Street		
City	State Zi		
•	•	-	
Major:		E-mail Address:	
Quarter:	Da	te:	
1. Copy of a U. completion o		nding Foothill College) or Foreig	n Evaluation showing
I am requesting a s	ubstitution/waiver for:	General Education	Major Certificate
Required course or	area:		
Requested substitut	tion:		
Explain your reason	n for requesting substitu	tion/waiver: (use reverse of she	et if necessary)
-	cition <u>does not</u> guarantee sponsibility to retain a cop	approval of petition. by of this petition for use with g	raduation.
Studer	nt Signature		
Couns	elor:	ext:	
Office use only: Division Recommendati Comments:			
Instructor Signature Instructor Signature	Approve Deny (Date		Approve Deny Other
Div Dean/GE Co-Chair	Date	□ By:	Date: