

COLLEGE OF THE SISKIYOU
COUNSELING SERVICES

PETITION TO MODIFY A REQUIREMENT FOR A CERTIFICATE, MAJOR, OR AN ASSOCIATE DEGREE

Name: _____ Birthdate: _____
Last First MI
Phone: _____ Email: _____
Address: _____
Street City State Zip

I petition to modify a requirement for a Certificate Major Associate Degree
as listed on page _____ of the _____ (Catalog Year) COS college catalog.

Certificate or Major Title _____

Requirement to be modified (list course & title): _____

Reason for modification (check one):

_____ Course of equal or higher level substituted (attach transcript showing course)

Course Number & Title: _____

Institution where taken: _____

_____ Required course not taught during two-year period

_____ Other:

Student Signature: _____ Date: _____

Counseling _____
Department Printed Name Signature Date
Attach student's transcript and explanatory notes.

COMMENTS:

	Approved	Disapproved	Signature	Date
Instructor:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<i>After review, give to your Dean</i>				
Dean	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<i>After review, return to Counseling</i>				

2/17/10