

COLLEGE OF THE SISKIYOU
COUNSELING SERVICES

PETITION TO WAIVE 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 waive a requirement for a Certificate or Major or an Associate Degree, as listed on page _____ of the _____ (Catalog Year) COS college catalog.

Certificate or Major Title _____

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

Reason for waiver (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: _____

Counseling _____

Review Printed Name Signature Date
Attach student's transcript and explanatory notes.

Instructor _____

Printed Name Signature Date
For major or certificate requirements only. APPROVED DISAPPROVED

COMMENTS:

Approved Disapproved Signature Date

Dean: _____
After review, return to the Instruction Office

Instruction Council: _____
After review, return to Counseling Services