Course Waiver/Substitution Petition

Registrar's Office

STUDENT NOTICE: Course waivers or substitutions require the approval of the Vice President of Academic Affairs; your waiver or substitution request is not approved until verified by the Vice President's signature on this form. You should not rely on representations made by any other party that your request will be granted.

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COMMUNITY CO

ID#	Date
Name	Phone
Address	
Program or Major	

By filling out this form, you are asking the college to either substitute or waive a requirement for your program of study. Please fill out only one of the boxes below, clearly identifying whether you are requesting a waiver, or a substitution. If you are asking for more than one alteration to your program of study, please fill out a separate form for each request.

Waived Section

(Course Number, Title & Credit Hours)

OR

Substitution Section		
Requirement:	Substitution:	
(Course number, Title & Credit Hours)	(Course Number, Title & Credit Hours)	
Justification for request is to be completed by the student. Additional pages may be attached as peeded		

Justification for request is to be completed by the student. Additional pages may be attached as needed.

Student Signature 🗕	[Date
 By signing this document the student unit No credit will be given for waived cout Waivers apply only to TVCC degree red 	derstands the following to be true: rses.	
	For Internal Use Only	
□ Approved □ Denied	Department Chair Signature	Date
□ Approved □ Denied	Vice President of Academic Affairs	Date
www.tv	cc.cc · 650 College Boulevard, Ontario, OR 97914 · (541) 881-8822	

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