



PASADENA CITY COLLEGE

Student Request for Course Substitutions

Date: _____ Email (required): _____

Name: Last _____ First _____ MI _____ LancerCard ID No. _____

Address: Street _____ City _____ State _____ Zip _____ Telephone Number (____) _____

Please send official, sealed transcripts from other institutions (if applicable) to PCC Records Office 15 business days before filing this form.

Birthdate _____

Official Transcript already submitted

Also, please attach copies of applicable course descriptions or course outlines. _____ Student Signature

Course(s) completed at PCC or other institutions to be substituted for the Certificate of Achievement in: _____

REQUIRED PCC COURSE TITLE/NUMBER:	PCC OR NAME OF OTHER INSTITUTION:	COURSE TITLE /NUMBER AT PCC OR OTHER INSTITUTION:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Division / Department Recommendation: Grant Deny

Comments:

Signature: _____ Print Name: _____ Date: _____
Division Dean Division Dean

Petition Committee Action / Response Area Only: Grant the following Grant as requested Deny

Comments:

Date: _____ Signature: _____