



# 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: \_\_\_\_\_