

COURSE SUBSTITUTION PETITION

DIRECTIONS TO STUDENTS –

Be advised the College of San Mateo catalog lists courses required to meet certificate and associate degree programs. Substitutions to these course requirements are approved if extenuating circumstances exist as noted under “reason for the substitution request” below. Complete this form and submit it to the Office of Counseling, Advising, and Matriculation, Bldg 10 – 340. Incomplete forms will not be processed. Course substitutions are not approved if coursework listed for the associate degree major or certificate is available and offered on a regular or rotating basis. A typical reason for submitting a course substitution would be If you have catalog rights for an earlier catalog and a course is no longer offered and a course substitution is required to complete the certificate or degree.

Results of this request will be sent to your student “MY.SMCCCD” email.

Use this form if you:

- are completing a certificate or associate degree major at College of San Mateo, and
- request a course substitution for the purpose of meeting the course and unit requirements for a CSM certificate or associate degree major.

SMCCD Transcript Evaluation Service:

If you have completed coursework **outside of the San Mateo County Community College District** submit a request for an official transcript evaluation at www.smccd.edu/transeval . Through this process each course is evaluated to determine if or how it can be applied to certificate programs, associate degrees, CSU GE, and IGETC. After the official evaluation is completed you may use this substitution form to request that a course be reviewed for the purpose of meeting a CSM certificate or associate degree requirement if it has not already be approved through the evaluation.

STUDENT NAME: _____ **G#** _____ **Date** _____
 (print clearly)

LIST YOUR MY.SMCCD EMAIL HERE: _____ (All correspondence will be conducted on your MY.SMCCD email)

I request course substitution for the following (write down the major or certificate exactly as it appears in the catalog)

_____ ASSOCIATE DEGREE MAJOR in _____

_____ CERTIFICATE PROGRAM in _____

List CATALOG RIGHTS: _____ (what catalog year are you using?)

CSM COURSE required for CERT or AA/AS	Units		REQUEST APPROVAL FOR FOLLOWING SUBSTITUTION	Units	Reason for the substitution request:
1.					<input type="checkbox"/> required course is no longer offered <input type="checkbox"/> required course has not been offered in the last two terms and not offered in the next term <input type="checkbox"/> completed equivalent course elsewhere <input type="checkbox"/> OTHER – explain on the back of this sheet
2.					<input type="checkbox"/> required course is no longer offered <input type="checkbox"/> required course has not been offered in the last two terms and not offered in the next term <input type="checkbox"/> completed equivalent course <input type="checkbox"/> OTHER – explain on the back of this sheet
3.					<input type="checkbox"/> required course is no longer offered <input type="checkbox"/> required course has not been offered in the last two terms and not offered in the next term <input type="checkbox"/> completed equivalent course <input type="checkbox"/> OTHER – explain on the back of this sheet

OFFICE USE ONLY Reviewed by _____ Date _____
 Articulation Officer review required _____ Date _____

APPROVED: 1. _____ 2. _____ 3. _____ Comments:

DENIED: 1. _____ 2. _____ 3. _____ Comments:

_____ copy sent to WEBXTENDER – Student electronic record

_____ Date