



## Evaluations and Records Office Course Substitution/Waiver Form

*The purpose of this form is to waive or substitute classes for Associate Degree and Certificate of Achievement programs (major requirements only - not for GE.) This form does not clear prerequisites.*

Student Name \_\_\_\_\_ Palomar ID # \_\_\_\_\_

Major at Palomar College \_\_\_\_\_

*This substitution/waiver will only apply to the major listed above*

Catalog Year \_\_\_\_\_ Receiving Veteran's Benefits? Yes ☐ No ☐

**NOTE:** Official transcripts must be on file with the Records Office for any substitution or equivalency requests from other institutions. **Substitutions from other schools must be undergraduate coursework from a regionally-accredited college.**

### Course Substitution, Equivalency and/or Waiver Request

**Substitution:** Acceptable in lieu of a required course.

**Equivalency:** Equal in meaning and scope to a required course. A Palomar class cannot be equivalent to another Palomar class. Please use a substitution in this scenario.

**Waiver:** Waiving a requirement for major. *(Note: Waivers will only be honored if the minimum units for a major have been satisfied. 18 units is the minimum for Associate degrees. Certificates of Achievement minimum unit requirements vary by certificate.)*

| Course Requested                                       | College                                                   | Required Course                                          | Sub, Equivalency, or Waiver       |
|--------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|-----------------------------------|
| The class being substituted or equated<br>Ex: MATH 140 | Where the class was taken<br>Ex: Palomar, MSJC, MiraCosta | The original class required in the major<br>Ex: MATH 130 | Type of request<br>Ex: S, E, or W |
| _____                                                  | _____                                                     | _____                                                    | _____                             |
| _____                                                  | _____                                                     | _____                                                    | _____                             |
| _____                                                  | _____                                                     | _____                                                    | _____                             |
| _____                                                  | _____                                                     | _____                                                    | _____                             |
| _____                                                  | _____                                                     | _____                                                    | _____                             |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Non-ADT majors:** Form must be signed by Department Chair. Department Chair, at their discretion, may also require a Discipline Expert signature.

**ADT majors:** Form must be signed by the Department Chair and the Articulation Officer. Department Chair, at their discretion, may also require Discipline Expert signature.

Approved by: Department Chair/Director \_\_\_\_\_ Date \_\_\_\_\_

Printed Name (Required if hand-signed) \_\_\_\_\_

Approved by: Discipline Expert (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name (Required if hand-signed) \_\_\_\_\_

Approved by: Articulation Officer - only for ADT majors \_\_\_\_\_

Date \_\_\_\_\_