

Petition for Exception of Academic Requirements

Please complete this form to request a course substitution or waiver to meet LAMC certificate or degree requirements.

Section I: Personal Information

| | | | |
|--------------|------------|-----------|-------|
| _____ | 88 - | _____ | _____ |
| Student Name | Student ID | E-mail | |
| _____ | _____ | _____ | _____ |
| Address | City, Zip | Telephone | |

Section II: Academic Objective

| | | | |
|---|---------------------|--------------|--|
| _____ | _____ | _____ | Exception for: |
| Major* (Full name of Degree/Cert requested) | Completion Sem/Year | Catalog Year | <input type="checkbox"/> Dept Certificate |
| | | | <input type="checkbox"/> Associate Degree (plan A/B) |
| | | | <input type="checkbox"/> Liberal Arts (AA only - not transfer) |
| | | | <input type="checkbox"/> GE Certification (transfer) |

Section III: Course Exception Information

Please submit all supporting documentation (including transcripts*, catalog course description, etc.) with this petition.
Each course for which exception is being requested should give a complete explanation of the reason for the request
(if additional space is needed, a separate sheet may be attached).

| | | | | |
|--|----------------------|------------------|--------------------------|----------------|
| <input type="checkbox"/> Substitute | Required LAMC Course | Alternate Course | Institution Cs Completed | Date Completed |
| <input type="checkbox"/> Waive/Replace | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ | _____ | _____ |

REASON: _____

* Unofficial transcripts may be attached for review of petition. Official transcripts from all other institutions (outside of the LACCD) must be SENT directly to the Admissions and Records office (from the institution via U.S. mail ONLY).

Section IV: Signatures

All signatures are required to process this request (signatures do not establish approval).
The student will be notified upon final review and approval/denial by the Petitions Committee.

| | |
|-------------------|-------|
| _____ | _____ |
| Student Signature | Date |

| | |
|---|---|
| _____ | _____ |
| Dept Chair Signature | Counselor Signature (Verifies that student met with a Counselor.) |
| <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended | <input type="checkbox"/> Form processed by Counselor for A&R supporting documentation ONLY [#] |

Dept Chair/Counselor Comments: _____

[#]Forms processed as supporting documentation require comments but do not require dept signature and may not be listed as transcript memorandum.

Section V: PETITION COMMITTEE USE ONLY

| | | | |
|---|------------------------------------|--|---------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> Other (please see comments below) | Date: _____ |
| <input type="checkbox"/> Action Postponed | <input type="checkbox"/> No Action | By: _____ | Copy to Student on: _____ |
| Committee Comments: _____ | | | |