



Course Substitution-Equivalency/Waiver Form

Student Name: _____

BC ID#: _____

Anticipated Graduation _____
(Fall, Spring, or Summer + Year)

Catalog Year: _____

BA BS	Major (1)	Emphasis/Concentration	Minor (if applicable)
Degree Sought (Circle)			
	Major (2)	Emphasis/Concentration	Minor (if applicable)

Note: Official transcripts must be on file with the Registrar's Office for any substitution or equivalency requests from other institutions. A course outline or syllabus may also be required for determination or acceptability.

Course Substitution or Equivalency Request

Substitution: Acceptable in lieu of a required course or Equivalency: Equal in meaning and scope to a required course

Course Prefix, No. & Title	Credit	Grade	Institution Name	Substitution for a required course in:		
				**Major (Indicate course)	Minor (Indicate course)	Gen Ed Area * (Indicate Distribution Area i.e. IIC)

Justification: _____

Course Waiver Request

Note: Waivers apply to degree requirements and **do not waive credit hour requirements**

Course Prefix, No. & Title	Waive this course or requirement:		
	**Major	Minor	Gen Ed Area *

Justification: _____

I acknowledge that approval will not alter prerequisites for future courses or change the total number of units required in residence or for graduation requirements.

Student Signature _____ Date _____

Approved by: _____

Advisor Name _____ Signature _____ Date _____

**Major Coordinator (only necessary if counting in major) _____ Signature _____ Date _____

Division Chair _____ Signature _____ Date _____

*Select appropriate division chair for signature based on distribution area course is to fulfill
 Distribution Area I Humanities Division Chair
 Distribution Area IIA, IIB Science & Math Division Chair
 Distribution Area IIC Social Science Division Chair
 Distribution Area IIIA, IIIB, IIID Humanities Division Chair

Distribution Area IIIC
 Distribution Area IVA
 Distribution Area IVB
 Distribution Area V

Social Science Division Chair
 Fine Arts Division Chair
 Humanities Division Chair
 Science & Math Division Chair

Please make sure all required signatures are in place before submitting this form to the Registrar's Office.

OFFICIAL USE ONLY:	
Date Rec: _____	Date Filed: _____
Copy to Advisor _____	to Student _____