

LACC COLLEGE
COURSE SUBSTITUTION PETITION
MAJOR, COMPETENCY, OR AREA E2-PHYSICAL EDUCATION REQUIREMENTS

Student Name: _____

Student ID: _____

Email : _____

Phone: _____

- Course substitution for a **Degree** program requirement **Major in:** _____

Course(s) Taken	College/University /AP	Semester /Year	Substitute for LACC Course

- Course substitution for a **Certificate** program requirement **Major in:** _____

Course(s) Taken	College/University/AP	Semester /Year	Substitute for LACC Course

- Course substitution for a **Reading/Writing/Mathematics** Competency requirement

Course(s) Taken	College/University/AP	Semester /Year	Substitute for LACC Course

- Course substitution for **Area E2 (Physical Education)** graduation requirement

Course(s) Taken	College/University	Semester /Year	Substitute for LACC Course

Approved

Denied

Additional Comments: _____

Dept. Chair/Dean Name: _____

Signature: _____

Division: _____

Date: _____

For ADT or Liberal Arts Degrees Only Artic Officer or designee: _____

Please submit your course substitution request to the appropriate Division for approval.
 Copy of transcripts and a course description must be provided for consideration by faculty or articulation officer/designee (counseling chair).
 Please complete a separate form for each Division. It is the student's responsibility to submit the completed form to Admissions.

Student Signature: _____

Date: _____