

# PETITION TO WAIVE GRADUATION REQUIREMENT

Student must bring completed form and supporting to documentation to a counselor for recommendation. The form and supporting documentation will be submitted to Admissions and Records by the counselor.

**Step 1** Estimated Degree Completion Date  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ SSN \_\_\_\_\_

Last First MI

ADDRESS \_\_\_\_\_

Street City State Zip Code

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

I am currently registered at Barstow Community College.  
 I am currently registered at another college (specify) \_\_\_\_\_.  
 I am not currently registered at any college.

Program to apply this petition to:  
 AA Degree  AS Degree  Certificate of Achievement

Program of Study \_\_\_\_\_

I request the following waiver/substitution to the academic polices of the College as checked below:  
 General Education/General Studies Requirement  
 Program/Degree Requirement  
 Residency Requirement (Board of Trustees Approval Required)  
 Course Substitution  
 Waiver of Physical Education (specify which of the following reasons)  
 Medical Reasons  Other \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

ACTION REQUESTED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JUSTIFICATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Step 2** **Counselor Recommendation**  
 Recommend  Not Recommend  Recommend with Conditions \_\_\_\_\_  
Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Step 3** **COUNSELOR SUBMITS FORM TO ADMISSION AND RECORDS**

**OFFICIAL USE ONLY**  
**PETITION APPROVAL / DENIAL**

Approved  
 Denied  
 Approved with Conditions \_\_\_\_\_

Committee Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Notification Method  Mail  Verbal  Email Date \_\_\_\_\_