

Request for Course Substitution/Waiver/ Double-dip Form

Office of the Registrar - Address: 1950 Third Street La Verne, CA 91750. Phone: (909)-593-3511, Ext. 4002. Fax: (909)-392-2703. Email: evaluations@laverne.edu

Student Information:

Name: _____ ID Number: _____ Major: _____ Catalog Term: _____ Advisor: _____

The following course(s) has been submitted to meet degree requirements associated with specific La Verne courses or requirements. A course description(s) has been reviewed and the decision is:

- 1) Yes, this course provides acceptable content in lieu of the named La Verne course (*Global Decision, Dept. Chair's Signature Required*)**
- 2) No, this course cannot be used in lieu of the named La Verne course because: _____
- 3) One-time allowance- this course can be substituted for the named La Verne course for this student only, in consideration of his/her other coursework or life experience.

***List the corresponding number to your decision in the first column below.**

****Global decisions will be saved in the Articulation Module for applicability to future students and must be signed off on by the Department Chair.**

La Verne Course Information		Transfer Course Information for Substitution					**Global Approval	
*1-3	La Verne Course Number & Title		School	Term Taken	Subject	Course Number	Transfer course Title	Dept. Chair signature required

WAIVE	Subject	Course No.	Course Title	Double-Dip (one permitted)	Subject/ Course No.		
						Term Taken	
						Course Title	
						For GE Area:	

Approved by Department Chair or Advisor per Department Chair's approval:

Signature: _____ Please Print Your Name: _____ Date: _____

Registrar Official Use Only: Records Analyst Initials: _____

Date Processed: _____