

SACRAMENTO CITY COLLEGE

COURSE SUBSTITUTION PETITION

MAJOR, COMPETENCY, AND AREA III(a)-PHYSICAL EDUCATION REQUIREMENTS

Student Name: _____

Student ID: _____

Email : _____

Phone: _____

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

Course Taken	College/University	Semester /Year	Substitute for SCC Course

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

Course Taken	College/University	Semester /Year	Substitute for SCC Course

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

Course Taken	College/University	Semester /Year	Substitute for SCC Course

- Course substitution for **Area III(a) - Living Skills (Physical Education)** graduation requirement

Course Taken	College/University	Semester /Year	Substitute for SCC Course

Approved

Denied

Additional Comments: _____

Dept. Chair/Dean Name: _____

Signature: _____

Division: _____

Date: _____

Associate Degree for Transfer Only - Articulation Officer: _____

Please submit your course substitution to the appropriate Division for processing.
 Official transcripts and a course description of the class being used for the substitution must be attached.
 Please complete a separate form for each Division. Your petition will not be processed without documentation.

Student Signature: _____

Date: _____