



PASADENA CITY COLLEGE

Student Request for Course Substitutions

Date: _____ E-Mail (required): _____

Name: Last _____ First _____ MI _____ LancerCard ID No. _____

Address: Street _____ City _____ State _____ Zip _____ (____) _____
Telephone Number

**Please send official, sealed transcripts from other institutions (if applicable) to
PCC Records Office 15 business days before filing this form.**

Birthdate _____

☐ Official Transcript already submitted

Also, please attach copies of applicable course descriptions or other relevant course outlines.

**Course(s) completed at PCC or other institutions to be substituted for
the Certificate of Achievement in:** _____

REQUIRED PCC COURSE TITLE/NUMBER:	PCC OR NAME OF OTHER INSTITUTION:	COURSE TITLE / NUMBER AT PCC OR OTHER INSTITUTION:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Division / Department Recommendation:

☐ Grant

☐ Deny

Comments:

Signature: _____ Print Name: _____ Date: _____

Petition Committee Action / Response Area Only:

☐ Grant the following

☐ Grant as requested

☐ Deny

Comments:

Date: _____ Signature: _____