## **COLLEGE OF THE SISKIYOUS**

**COUNSELING SERVICES** 

## PETITION TO MODIFY A REQUIREMENT FOR A CERTIFICATE OR AN ASSOCIATE DEGREE

Name:Phone:				Birthdate:
Address:Street		City	State	Zip
I petition to modify a requirement for:    Certificate    Associate Degree (General Education or Program of Study)  as listed on page of the (Catalog Year) COS college catalog.				
Certificate/General Education/Program of Study Title:				
Requirement to be modified (list course & title):				
Course of equal or higher level substituted (attach transcript showing course)				
Course Number & Title:				
Institution where taken:				
Required course not taught during two-year period				
Other:				
Student Signature:			Date: _	
	Approved	Denied	Signature	Date
Full time Faculty:  After review, give to Dean or Designee				
Dean or Designee After review, return to Counseling				

After Faculty and Dean review, return to Counseling and Support Services