

COLLEGE OF THE SISKIYOU
COUNSELING & STUDENT SUPPORT PROGRAMS

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

Name: _____ S# _____
Last First MI

Phone: _____ Email: _____

I petition to modify a requirement for a ___Certificate ___Associate Degree (some restrictions apply for Associate Degrees for Transfer) as listed on page/s _____ of the _____ COS college catalog.
(Catalog year)

Certificate/General Education/Program of Study: _____

Requirement to be modified (list course & title): _____

Reason for modification (check one):

_____ 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: _____

Reviewed by:

Counselor _____
Printed Name Signature Date

COMMENTS (if applicable):

Approved

Disapproved

Signature

Date

Full time Faculty: _____
After review, give to your Dean or designee

Dean or Designee _____
After review, return to Counseling Office