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 Informatio	<u>n:</u>								
	Name:	ame: <u>ID Number</u> :			<u>Major</u>		r: Catalog Te		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:										
	2) No, 3) One	this course ca e-time allowar Irsework or life	nnot be used in lience- this course case experience.	u of the named an be substitut	La Verne ed for the	course becau	se:	·	Signature Required)** , in consideration o	
	**Global decisions wi	ll be saved in th	e Articulation Modul		to future s			<u> </u>	Chair.	T
_	La Vern	La Verne Course Information La Verne Course Number & Title			Term	Verne/Transfe Subject	Course	tion for Substitution La Verne/Tran	sfer course Title	**Global Approval Dept. Chair
I-	-3				Taken		Number			signature required
N 1	D/F Cubicat	Course No.	Co	······································		Double-Dip	Cubinet/			
AIVE	Subject	Subject Course No. Co			urse Title		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:										
gistrar Official Use Only: Records Analyst Initials: Date Processed:										