



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT  
**SMCCCD**

# COURSE SUBSTITUTION PETITION

## Check Appropriate College

Admissions & Records Office  
Cañada College  
4200 Farm Hill Boulevard  
Redwood City, CA 94061  
Phone: (650) 306-3226  
Fax: (650) 306-3113

Counseling  
College of San Mateo  
1700 West Hillsdale Blvd.  
San Mateo, CA 94402  
Phone: (650) 574-6400  
Fax: (650) 574-6164

Counseling  
Skyline College  
3300 College Drive  
San Bruno, CA 94066  
Phone: (650) 738-4318  
Fax: (650) 738-4260

Student's ID# G: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**DIRECTIONS TO STUDENTS –**

Be advised the Cañada College, College of San Mateo, and Skyline College catalogs lists courses required to meet certificate and associate degree programs. Substitutions to these course requirements are approved if extenuating circumstances exist as noted under “reason for the substitution request” below. Complete this form and submit it to the appropriate college noted above. Incomplete forms will not be processed. Course substitutions are not approved if coursework listed for the associate degree major or certificate is available and offered on a regular or rotating basis. A typical reason for submitting a course substitution would be If you have catalog rights for an earlier catalog and a course is no longer offered and a course substitution is required to complete the certificate or degree. **Results of this request will be sent to your student “MY.SMCCCD” email.**

**Use this form if you:**

- Are completing a certificate or associate degree major at Cañada College, College of San Mateo, or Skyline College, and
- Request a course substitution for the purpose of meeting the course and unit requirements for a Cañada College, College of San Mateo, or Skyline College certificate or associate degree major.

**Transcript Evaluation Service:**

Prior to submitting this petition if you have completed coursework **outside of the District** submit a request for an official transcript evaluation at <https://websmart.smccd.edu/>.

**I request course substitution for the following: (Write down the major or certificate exactly as it appears in the catalog)**

- ASSOCIATE DEGREE MAJOR in \_\_\_\_\_  
 CERTIFICATE PROGRAM in \_\_\_\_\_

List CATALOG RIGHTS: \_\_\_\_\_ (what catalog year are you using?)

SMCCCD COURSE required for CERT or DEGREE	Units	REQUEST APPROVAL FOR FOLLOWING SUBSTITUTION	Units	Reason for the substitution request:
				<input type="checkbox"/> required course is no longer offered <input type="checkbox"/> required course has not been offered in the last two terms and not offered in the next term <input type="checkbox"/> OTHER – explain on the back of this sheet
				<input type="checkbox"/> required course is no longer offered <input type="checkbox"/> required course has not been offered in the last two terms and not offered in the next term <input type="checkbox"/> OTHER – explain on the back of this sheet

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Counselor's Recommendations:

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

APPROVED       DENIED

\_\_\_\_\_  
Division Dean's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_