Los Angeles Community College District (WLAC Campus) Local Associate Degree Major (Non-ADT) or Certificate of Achievement Course Substitution Request

To: Articulation Officer		Date:							
		Print Counselor	^r Name						
Student Name:				Studen	t ID:				
Last Name First name ACCD Email:@student.laccd.edu				Contact Phone Number:					
Check all that apply:									
Major:		_							
Counselors: This request Please attach supporting syllabi (if provided by stud	form is	for students who have o	declared WEST as	their Home	Campus	, and who a	are curre	ntly enrolle	
Students: It is your respondant rescripts are not receive	-				ion to tl	ne <u>WLAC Ad</u>	dmissions	<u>o Office</u> . If o	fficial
INSTITUTION NAME: (A separate petition must				Unit Tyբ	oe: □	SEM.	□ QTR.	☐ Other	
Transcripts: Check one.	□ Off	icial (in Viatron or OnBas	e) 🗆 Unofficial						
used to satisfy markers. Reason for request: Other, Explain: External Course Substitu	quivaler	nt course completed at a				e not curre	ntly being	g offered at	
WLAC Course Prefix/Number	tion Request (for substitution based on C-ID, use page 2) Units Substitution: External Course Prefix/Number/Title Term Units				Grade	Use Only Grade Approved Denie			
					Comp.	Sem/Qtr.			
Course Approved: 1. Course clearly conter 2. Discipline Chair or de 3. Substitution of non-e Course Denied: 4. More information nee 5. Course clearly not cor 6. Does not meet minim	nt equivalesignee resequivalent eded: substituted eded: tent equium grade S regional designee o	valent per comparison of cour- value for major or certificate r ly accredited when courses we denied the course.	description or syllabus. yllabus and approved of ent Chair or designee. se description or syllab requirement. (per Articula	(per Articulation course. ous. (per Articul culation Officer)	on Officer.	Department (Chair review	v not required	ired)
Articulation Officer Signature						Email:			
Comments:	·								

Los Angeles Community College District (WLAC Campus) Local Associate Degree Major (Non-ADT) or Certificate of Achievement Course Substitution Request

Evaluation Continued For:									
Student Name: Student ID:									
INSTITUTION NAME:									
Counselors: This page mus	st be atta	ached to	corresp	onding first page of	f the completed student evaluatio	n.			
Course Substitution: Equi	valency	based o	n C-ID (D	epartment Chair ap	proval not required)	Articulation Officer Use Only Verified on C-ID.net			
California Community College Course Prefix and number	Term Comp.	Units	Grade	C-ID number	WLAC Course Prefix and number	Verified	Denied		
Note: For terr Course Denied:	n use FA –	Fall, W –	Winter, SP	– Spring, or SU – Summ	er followed by the year (such as FA 18 or V	V 2018)			
 Course not listed on C-I Does not meet minimum 			or "P") for m	najor or certificate requi	rement.				
Comments:									
Articulation Officer Signature:					Date:				

08-12-20 LACCD Articulation