

DATE: _____

WAIVER/SUBSTITUTION OF CORE COURSES

Shasta College Admissions and Records Office

P. O. Box 496006, Redding, CA 96049-6006

PLEASE PRINT

STUDENT NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS _____

SOCIAL SECURITY NO.: _____ TELEPHONE: _____

VOCATIONAL MAJOR: _____

The following major course requirements are waived:

COURSE(s): _____

Reason for waiver:

SIGNATURES OF APPROVAL:

Instructor: _____

Division Chairperson: _____

Date: _____

COMPLETED FORM MUST BE RETURNED TO THE ADMISSIONS & RECORDS OFFICE

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