

CUESTA COLLEGE

**Petition for Substitution/Waiver of Associate Degree or Certificate Requirements
Based on Verified Disability**

Include This Completed Document with Your Graduation/Certificate Application

Student Identification Number: _____ Telephone (Day) _____

Student Name (Please Print): _____

Address: _____
(Street or PO Box) (Apt #) (City) (Zip)

Degree or Certificate you are seeking: _____

Instructions for Filing this Form

Students are responsible for each step listed below.

1. Meet with your DSPS Specialist to obtain the petition.
2. Request *Course Substitution/Wavier Procedure and Good Faith Effort with Accommodations Documentation Checklist* from your DSPS Specialist.
3. Complete sections 1, 2, 3, 4 and 5 of the form.
4. Obtain and attach documentation to this petition.
5. Schedule an appointment with your DSPS Specialist to review your petition.
6. Collect the completed petition and enclose it with your application for graduation or certificate.

Please allow a minimum of two weeks for the full processing of this petition. Remember the petition MUST accompany your application for graduation; therefore, you will need to allow enough time to meet the application filing deadline.

Student:

1. State the substitution or waiver you are requesting and describe in your own words the reason for filing the petition. (If the explanation is lengthy, use additional paper and attach it to this form.)

2. In your own words, please describe your disability and how it relates to your request for a course substitution or waiver. (Attach a separate paper if necessary.)

3. What have you done to attempt to meet this requirement?

4. A substitution or waiver granted by Cuesta College may not be recognized by subsequent educational institutions.

5. I have read this document fully and all my questions have been answered.

Student's Signature Over Date

DSPS Specialist:

6. Description of Disability: _____

7. Disability verified through what process or source: _____

8. Documentation of effort: _____

9. How does this disability preclude this student from completing requirements for an Associate Degree or Certificate: _____

Recommendation: Yes No

DSPS Specialist's Signature Date

10. DSPS Counselor:

Recommendation:
 Substitute _____ for _____
 Waiver - Reason: _____

DSPS Counselor's Signature Date

11. DSPS Director: Approved Denied

Reason: _____

DSPS Director's Signature Date