ROUTING
Please initial and forward:
Student: _____
Advisor: _____
Division Dean/Instructional Administrator _____
Enrollment Services: _____

SOUTH PUGET SOUND COMMUNITY COLLEGE

SPECIAL ENROLLMENT REQUEST

Student Name | Student ID Number | Date

Student Signature | Program | Check here, if self-advised

Student Address | City / State / Zip Code

Waiver →**PLEASE NOTE: Advisor must initial beside selected option.**←

Dept | Number | Course Title | Credits | Advisor Initials (REQUIRED)

The student must still acquire a minimum of 90 credits to be eligible for an Associate of Technical Arts and/or an Associate of Arts degree. **General Education requirements for each of these degrees cannot be waived.**

Substitution: Substitute the following:

Dept | Number | Course Title | Credits

FOR

Dept | Number | Course Title | Credits | Advisor Initials (REQUIRED)

Advanced Settings:

Dept | Number | Course Title | Qtr / Yr | Advisor Initials (REQUIRED)

After satisfactory completion of this advanced course, the course listed below will be awarded credit toward the completion of this program.

Dept | Number | Course Title | Qtr / Yr | Advisor Initials (REQUIRED)

(Additional information and/or justification on reverse side.)

Authorizing Signatures

Program Advisor | Date | Instructional Advisor | Date

Revised May 2010

For Registrar's Office Only
Posted to transcript:
Date: _____
By: _____