



NONCREDIT CERTIFICATE OF COMPLETION PETITION FOR COURSE SUBSTITUTION/EQUIVALENCY

50 Frida Kahlo Way, Multi-Use Building (MUB) Rm. 150, San Francisco, CA 94112
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General Catalogue Description of Substitution

The academic department offering the certificate may substitute some requirements for the City College High School Diploma. A petition must be signed by the Department Chairperson (or designee) and filed in the Noncredit Admissions and Records Office. The requirements for the Certificate of Completion have been established by the faculty and administration and approved by the Governing Board. The Noncredit Admissions and Records Office does not have the authority to change or substitute any of the requirements.

I. To be completed by student and submitted to appropriate Department Chairperson or Designee. It is the student's responsibility to obtain any documentation required for this evaluation, including course descriptions. It may take up to three weeks for final action after all documents are submitted.

Name of Counselor or Advisor: _____

Student Name (print name)			Student I.D.
Last	First	Middle	
Address			Birth Date
City	State	Zip	Date Entered Program
Signature			Today's Date

II. Course(s) to evaluate **City College of San Francisco Requirement(s)** **Course(s) to use for Substitution/Equivalency**

1. Course Name and Number		
Semester/Quarter and Year Taken		
Unit/Credit Value		
Grade (Required & Earned)		
Institution Name		
Department		

- Your petition is **APPROVED**. The course above meets departmental substitution/equivalency standards.
- Your petition is **DENIED**. The course above does not meet departmental substitution/equivalency standards.

2. Course Name and Number		
Semester/Quarter and Year Taken		
Unit/Credit Value		
Grade (Required & Earned)		
Institution Name		
Department		

- Your petition is **APPROVED**. The course above meets departmental substitution/equivalency standards.
- Your petition is **DENIED**. The course above does not meet departmental substitution/equivalency standards.

III. To be completed by Department Chairperson or Faculty Designee (if applicable)

Department Chairperson/Designee (please print): _____ Date: _____

Department Chairperson/Designee signature: _____ Date: _____