



San Diego Community College District
Major Electives

DRAFT

☐ City ☐ Mesa ☐ Miramar

- | | |
|--|---|
| <input type="checkbox"/> Associate in Arts for Transfer (AA-T) | <input type="checkbox"/> Business Management (12 units Occupational only) |
| <input type="checkbox"/> Associate in Science for Transfer (AS-T) | <input type="checkbox"/> Selected Studies |
| <input type="checkbox"/> Liberal Arts/Sciences with Emphasis (City & Mesa degrees only) | <input type="checkbox"/> <u>Multiple Degrees</u> |
| <input type="checkbox"/> Major/Area of Emphasis (Miramar degrees only) | <input type="checkbox"/> Other <u>(specify below)</u> : _____ |
| <input type="checkbox"/> <u>Social Behavioral Science (Miramar degrees only)</u> | |

Major and Area of Emphasis: _____
(PRINT)

Name: _____ Student ID Number: _____
(PRINT) Last Name First MI

Address: _____
Street City State Zip

Email: _____ Telephone: _____

Courses indicated below must be selected with a college counselor. Applicable catalog year: _____

Discipline-Subject & Course# (Example: HIST 100)	Course Title	Units	Institution (if other than SDCCD)

Counselor Name: _____ Date: _____
(PRINT)

Student Signature: _____ Date: _____

Department Chairperson: _____ Approval Date: _____
(For 12 units Occupational Electives-Business Management only)

OFFICIAL USE ONLY

Evaluator Action: ☐ Approved ☐ Denied

Reason: _____

Signature: _____ Date: _____



San Diego Community College District
Petition for Modification of Graduation Requirements

DRAFT

☐ City ☐ Mesa ☐ Miramar

Purpose of Petition: ☐ Substitution ☐ DSPS Waiver as an academic accommodation

Select One: ☐ Major Requirement ☐ District Requirement ☐ District General Education Requirement

Name: _____ Student ID Number: _____
(PRINT) Last First MI

Address: _____
Number Street City State Zip

Email: _____ Telephone: _____

☐ Associate Degree ☐ Certificate of Achievement ☐ Certificate of Performance-SDCCD Courses Only

Major: _____ Specialization: _____

Required Course (e.g. CHEM 100): _____ Course Title: _____ #units: _____

Course(s) to be Substituted: _____ Course Title: _____ #units: _____

Taken at (Institution): _____

• Attach a detailed justification for your petition

• Attach required supporting documentation

☐ Transcript(s)

☐ Computerized Education Plan

☐ Catalog Description of Proposed Substitute Course(s)

☐ Other documentation

Student's Signature: _____ Date: _____

Official Use Only

Department Chair's Recommendation: _____

Name (PRINT): _____ Signature: _____ Date: _____

DSPS Counselor Recommendation (for academic accommodation purposes) _____

Name (PRINT): _____ Signature: _____ Date: _____

Dean's Recommendation _____

Name (PRINT): _____ Signature: _____ Date: _____

Committee's Action

☐ Approved

☐ Denied

Reason(s): _____

Signature: _____ Date: _____

Evaluator's Action

☐ Approved

☐ Denied

Reason(s): _____

Signature: _____ Date: _____

Petition for Modification of Graduation Requirements Instructions for Students

- Education Plan must be on file.
- Depending upon a student's education plan and degree pathway, District requirements might not be required. It is strongly recommended that students see a counselor for assistance.
- Use one form for each substitution or DSPS waiver.
- Place all materials in mailbox of Department Chair for the major, or hand directly to that Department Chair.
- Petitions for substitutions or waivers as a disability-related accommodation, with supporting documentation, should be submitted to the campus DSPS office where the program of study is being sought and not the Department Chair for the major.
 - Following a DSPS faculty member's review of the Petition and discussion with the student, the DSPS office will forward the Petition to the campus Evaluations Office.
 - The Evaluations Office will forward the Petition to the appropriate campus committee designated to adjudicate petitions for modification of graduation requirements.
 - Copy of the final decision will be sent to DSPS.
- ~~For assistance please contact a counselor.~~

You will be notified regarding the approval or denial of your petition.

NOTE:

- Substitution - to replace a course required with another course(s).
- DSPS Waiver – Exemption from taking a required course in the major or District requirement as a disability-related accommodation. District General Education requirements cannot be waived.
- An approved substitution or waiver will not be considered a waiver of the student's responsibility to complete the minimum number of units (60) required for an associate degree per Title 5 of the California Education Code, §55063.
- A minimum of 18 units is required for the major for all degree programs.



San Diego Community College District Statement of Understanding

DRAFT

Student Name: _____
(PRINT) Last First MI
SSN/VA Number: _____ Student ID Number: _____

**A Statement of Understanding must be completed by each
Veteran or Dependent acknowledging the following requirements:**

Initials

- _____ I understand that it takes 4 to 8 weeks for the VA Regional Office to process my educational benefits. Payment is paid retroactive to the beginning of the semester.
- _____ I am responsible for informing the college Veterans Affairs Office if I attempt to repeat a class. The DVA usually does not pay for course repeats. Although college policy allows a student to repeat a course in which a "D", "F", or "NP" grade has been received, the course may not be payable by the DVA.
- _____ I understand that I must meet the college standards of progress. If I am academically disqualified from the college, I am no longer eligible to receive VA benefits.
- _____ I understand that all official transcripts of prior college work and military schools, including copies of form DD-214 or DD-295 must be on file and evaluated by the end of the first semester of attendance at my primary college. Failure to submit official transcripts will delay further VA enrollment certifications. If I already have a bachelor's degree, I understand that my enrollment certification will not be submitted until all transcripts are **EVALUATED**.
- _____ I understand that each semester I will be required to complete a "Semester Worksheet" in order to utilize and continue my educational benefits.
- _____ I understand that all tuition and fees must be paid up front (except Vocational Rehabilitation students/CH: 31). The school will reimburse me once the DVA sends the institution the funds.
- _____ I understand that a comprehensive student education plan must be on file prior to certification of the second term. Once a comprehensive student education plan is completed, prior credit will be noted.
- _____ I understand that it is my responsibility to report any changes (Adds/Drops/Withdrawals) to the college Veterans Affairs Office **immediately**.
- _____ I understand that all classes taken each semester must apply to my major according to my computerized education plan.
- _____ I understand that my DD-214 (with at least six months of active duty service and an honorable discharge) will meet the health and PE requirements for the AA/AS degree and CSU Area E General Education requirements.
- _____ I understand that failure to enroll in the proper classes may result in an overpayment and the reduction or termination of benefits. The veteran and/or dependent assume **FULL** responsibility for any overpayment of Veterans Benefits.
- _____ I understand that I will get paid for the dates I actually attend class (For example, 8 and 5 week short-term sessions only pay for that specific term and are not counted towards a full 16-week semester).
- _____ I understand that I cannot count the units of SELF-PACED CLASSES or ONLINE REMEDIAL COURSES towards my education benefits.
- _____ I understand that I **MUST** take the mathematic and English assessments by the end of my first term (unless I have completed a math and/or English class in the past and received a passing grade).
- _____ I understand that if I fail to report enrollment changes (dropping a class, adding a class, stop attending a class), this could result in delays, overpayments, or termination of my DVA Education Benefits.
- _____ I understand that overpayment is my responsibility and I will owe money to the Department of Veterans Affairs. The DVA may deduct the funds from ANY Federal payments (retirement, taxes, disability, etc.).
- _____ I acknowledge that I have received Student Veterans Handbook.

Student Signature: _____ **Date:** _____