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: _____