Mt. San Antonio College
Request for Variance or Credit for Equivalent Course

PLEASE PRINT!

Name: __________________________________________________________
Last First Middle

Student ID #________________________ Telephone # (___________)________________________

Address: ______________________________________________________
Street City State Zip Code

Email Address: __________________________________________________

Purpose of request: □ Degree Variance (indicate degree) ____________

□ Certificate Variance (indicate certificate) ______________________

□ Prerequisite Variance (indicate desired course) ________________

NOTE: Official transcripts must be provided to the Admissions and Records Office before this form can be processed.

<table>
<thead>
<tr>
<th>Completed course (Course Name(s), # and Title)</th>
<th># of units</th>
<th>Completed at: (Name of College)</th>
<th>During the term of:</th>
<th>Grade earned:</th>
<th>Proposed equivalent Mt. SAC course(s): (Course Name(s), # and Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: ENGL 101 Freshmen Composition</td>
<td>4</td>
<td>Fullerton College</td>
<td>Fall 2009</td>
<td>A</td>
<td>ENGL 1A Freshman Composition</td>
</tr>
</tbody>
</table>

I have attached the following documentation in support of this request: □ Unofficial Transcript

□ Course catalog description

□ Course syllabus

□ Sample work from course

Note that required documentation varies by area.
Additional materials may be required.

FOR OFFICE USE ONLY

□ Approved, one-time  □ Approved, all students for four years  □ Denied

Rationale for Denial: ____________________________________________

________________________________________ Date: ______________
Signature, Department Chair: __________________________________

________________________________________ Date: ______________
Official Transcript Grade Verification by: _______________________

________________________________________ Date: ______________
Signature, Division Dean: _____________________________________

________________________________________ Date: ______________
Forwarded to A & R on ______________________ by ______________

________________________________________ Date: ______________
Entered into MAP on ______________________ by ______________

Distribution: Student Division Office Admissions

Updated 5/29/11 Form Owner: A&R