

PROGRAM SUBSTITUTION/WAIVER

Date _____

1. Name _____ Student ID No. _____
Last First
Address _____
No. & Street City State Zip
Telephone _____ Referred by _____
Home Work Name of Broward College Staff

2. **Check reason for petition:**

A. Program Substitution: Disability B. Graduation Substitution: Disability

3. **Explain briefly the nature of your petition and the reasons why this petition should be considered.**

(Attach additional sheets if necessary.) _____

4. **If you checked any of the boxes in item 2, please provide documentation that:**

Your disability can be reasonably expected to prevent you from meeting the requirements. The documentation must be from a medical doctor, neurologist, audiologist or other appropriate health specialist professional and must include:

- A written statement of the disability
- Any appropriate medical, neurological, psychological or specific learnability test results
- A medical interpretation of such testing results

Describe what proposed reasonable substitution is being requested to meet the established requirement(s) and show that the proposed substitution will not represent a fundamental alteration in the nature of the program and/or requirement(s).

5. **Additional information:**

Program Objective Degree (check one) B.A. B.A.S. A.A. A.S. Certificate Other _____

Anticipated Graduation Date: Term _____ Year _____

Campus (check one): North Central South WHC Pines Center Weston Center Miramar Town Center

6. **Attachments to be included with Petition (required on all petitions)**

- Unofficial copy of Transcript (Registrar's Office)
- Degree audit (Counseling/Advisement)
- Transcript(s) from other institutions, if applicable
- Other documentation (doctors, employers, school officials, etc.)

I certify that all statements made in this petition are accurate to the best of my knowledge. I understand that the CLAS Waiver Committee may request my presence at a committee meeting to present my petition and I agree to be present when my attendance is requested.

Student's Signature _____ Date _____

Recommendation of the Exemption/Substitution/Waiver Committee: Recommended Not Recommended Tabled

Final Decision of Vice President for Academic Affairs: Approved Disapproved Tabled

Vice President for Academic Affairs (signature) _____ Date _____

Comments _____

**Completed form and all attachments must be submitted to Accessibility Resources
Central 19/116-0 954-201-6527 • North 46/209 954-201-2313 • South 71/129 954-201-8913**