



ANTELOPE VALLEY COLLEGE  
 3041 West Avenue K  
 Lancaster, CA 93536-5426  
 (661) 722-6300 Ext. 6338/6620

Division: \_\_\_\_\_

Counseling Office \_\_\_\_\_ (Last name/Date sent)

Graduation Office \_\_\_\_\_ (Last name/Date sent)

## Request for Use of Equivalencies/Substitutions & Upper Division Credit

Student ID Number: **900 -**

Student Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

The following Equivalencies/Substitutions will not be acted upon without the official transcripts on file from accredited institutions, appropriate grades, and course descriptions. Use of Upper Division credit is limited to 12 units. Copies of course documentation/syllabi should accompany this petition.

**Check all that apply:**

AA/AS   
  AA-T/AS-T   
  Certificate   
  Program Elective   
 Title: \_\_\_\_\_  
(e.g. Administration of Justice)

**EQUIVALENCIES:**

COURSE:	INSTITUTION	AVC EQUIVALENT	Approval Dean/ Faculty Initials
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____

\_\_\_\_\_  
*Initial if approving upper division course(s)* \_\_\_\_\_  
*Signed by Division Dean* *Date*

**SUBSTITUTIONS:** Use (UD) for upper division courses

REQUIRED COURSE:	SUBSTITUTION	INSTITUTION	Approval Dean's Initials
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____

\_\_\_\_\_  
*Initial if approving upper division (UD) course(s)* \_\_\_\_\_  
*Signed by Division Dean* *Date*

**For A&R Office Use Only**

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Signed by Graduation Staff* *Date*

**Distribution after Approval/Disapproval:    Counseling    Graduation    Student**