GENERAL INFORMATION

General Catalogue Description of Waiver

The general education graduation requirement for Area G, Physical Skills and Health Knowledge, may be waived for those students in semi-professional programs who have completed thirty semester units at the College. A petition must be filed with the program advisor, or the person who maintains the student's official file. Approval is based upon the hardship imposed by the number of units required by the semi-professional program. The Provost or his/her designee, shall review the approved petition. The petition and review processes are to be completed no later than the end of the semester prior to the semester in which the student graduates. The waiver applies only to students who are granted both an Associate Degree and an Award of Achievement.

Specific Criteria for Waiver

In order to qualify for the waiver, a student:

1) Shall have carried basically the same number of units each semester at City College of San Francisco and

2) Will have to increase his/her unit level in his/her last semester or will have to attend Summer School or an additional semester solely to fulfill this graduation requirement.

If you believe that you qualify for the waiver, please complete the first section below and submit the form to your Program Advisor.

WAIVER PETITION — AREA G
GRADUATION REQUIREMENTS

To: (Advisor) ____________________________________________

I, ______________________________________________________, hereby petition to waive Area G, Physical Skills and Health Knowledge, of the General Education Graduation Requirement on the basis that it will be a hardship for me to complete the three units required under this section of the graduation requirements. I understand that the waiver will be inoperative unless I am granted an Associate Degree from City College of San Francisco and an Award of Achievement from the ____________________________________________ Program.

DATE:______________________________________

Student’s Signature

Student’s Name (please print) ___________________________ I.D. No. ___________________________

Check [✓] appropriate box:
I [✓] approve  [□] disapprove this petition to waive Area G of the general education graduation requirement.

DATE:______________________________________

Advisor’s Signature Title

Advisor’s Name (please print) ___________________________ Program

Reviewed by: ____________________________________________ Date: ____________________________