



Los Angeles Valley College
5800 Fulton Avenue
Valley Glen, California 91401-4096

LAVC Admissions and Records Office

GRADUATION COURSE SUBSTITUTION FORM

Date: _____

Student Name: _____

Student ID Number: _____

This is to notify the Los Angeles Valley College Graduation Office of the following:

Course(s): _____

Is/are acceptable as substitution(s) for:

Course(s): _____

In the _____ major for the AA/AS Degree.

Department Chair Signature

Department Chair Name