

PROGRAM SUBSTITUTION/WAIVER

				Date		
1.	Name			Student ID No.	·	
	Last		First			
	AddressNo. & Stree	et	City	Sta	te Zip	
	Telephone			Referred by	'	
	Home	9	Work	Troidined by _	Name of Broward College Staff	
2.	Check reason for petition: A. Program Substitution: Di		tion Substitution: Disak	bility		
3.	Explain briefly the nature	of your petition and th	ne reasons why this p	petition should be cor	nsidered.	
	(Attach additional sheets if r	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 medi-					
	cal 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					
	 A medical interpretation or Describe what proposed in 	reasonable substitution			hed requirement(s) and show tha	
	 A medical interpretation or Describe what proposed in 	reasonable substitution			hed requirement(s) and show tha program and/or requirement(s).	
5.	 A medical interpretation or Describe what proposed in 	reasonable substitution				
5.	A medical interpretation of Describe what proposed in the proposed substitution Additional information:	reasonable substitution	undamental alteration	n in the nature of the		
5.	A medical interpretation of Describe what proposed in the proposed substitution and the pro	reasonable substitution will not represent a function will not represent a function (check one) B.A. Term Year _	undamental alteration	A.S. Certificate	program and/or requirement(s).	
5.	A medical interpretation of Describe what proposed in the proposed substitution and the pro	reasonable substitution will not represent a function will not represent a function (check one) B.A. Term Year _	undamental alteration	A.S. Certificate	program and/or requirement(s).	
	A medical interpretation of Describe what proposed in the proposed substitution and the proposed substitution. Additional information: Program Objective Degree of Anticipated Graduation Date Campus (check one):	reasonable substitution will not represent a function will not represent a function (check one) B.A. Control Central Section (required)	undamental alteration □ B.A.S. □ A.A. □ □ Outh □ WHC □ Pired on all petitions)	A.S.	□ Other □ Miramar Town Center	
	A medical interpretation of Describe what proposed in the proposed substitution and the proposed substitution. Additional information: Program Objective Degree of Anticipated Graduation Date Campus (check one): Attachments to be included. Unofficial copy of Transcription.	ceasonable substitution will not represent a function will not represent a function (check one) B.A. Cearry Year North Central Sed with Petition (require point) (Registrar's Office)	D B.A.S.	A.S.	Other Miramar Town Center	
	A medical interpretation of Describe what proposed in the proposed substitution and the proposed substitution. Additional information: Program Objective Degree of Anticipated Graduation Date Campus (check one):	ceasonable substitution will not represent a function will not represent a function (check one) B.A. Cearry Year North Central Sed with Petition (require point) (Registrar's Office)	D B.A.S.	A.S.	□ Other □ Miramar Town Center	
6. I ce	A medical interpretation of Describe what proposed in the proposed substitution and the proposed substitution. Additional information: Program Objective Degree of Anticipated Graduation Date Campus (check one): Attachments to be included to Unofficial copy of Transcript Transcript(s) from other in the proposed substitution.	check one) B.A. care Term Year Year Chorth Central Set With Petition (require the titutions, if applicable in this petition are accessive.	a B.A.S. A.A. Couth WHC Pired on all petitions) • Degree • Other durate to the best of my	A.S. □ Certificate nes Center □ Westor audit (Counseling/Adv ocumentation (doctors knowledge. I understa	Other Miramar Town Center	
6. I ce may	Additional information: Program Objective Degree Anticipated Graduation Date Campus (check one): Attachments to be include Unofficial copy of Transcrie Transcript(s) from other incrify that all statements made y request my presence at a condent's Signature	(check one) B.A. cet Term Year North Central Stitution (Registrar's Office) stitutions, if applicable in this petition are accommittee meeting to p	andamental alteration B.A.S. A.A. Couth WHC Pingred on all petitions) Degree Other downarate to the best of my resent my petition and	A.S.	Other Miramar Town Center issement) , employers, school officials, etc.) and that the CLAS Waiver Committee when my attendance is requested.	
6. I ce may	A medical interpretation of Describe what proposed in the proposed substitution and the pro	(check one) B.A. care Term Year Year Rorth Central Set With Petition (require) (Registrar's Office) stitutions, if applicable in this petition are accommittee meeting to p	a B.A.S. A.A. Couth WHC Pingred on all petitions) Other decrease of my resent my petition and	A.S. □ Certificate The content □ Westore The audit (Counseling/Advocumentation (doctors) The knowledge. I understate I agree to be present □ Date	Other Other Miramar Town Center isement) , employers, school officials, etc.) and that the CLAS Waiver Committee when my attendance is requested.	
6. I ce may	Additional information: Program Objective Degree Anticipated Graduation Date Campus (check one): Transcript(s) from other in riffy that all statements made y request my presence at a codent's Signature commendation of the Exements of the proposed in t	(check one) B.A. cells Term Year North Central Stitutions, if applicable in this petition are accommittee meeting to person/Substitution/Waterlands)	B.A.S. A.A. Couth WHC Pingred on all petitions) Other decrease to the best of my resent my petition and aliver Committee:	A.S. □ Certificate nes Center □ Westor audit (Counseling/Adv ocumentation (doctors knowledge. I understa I agree to be present	Other Other Miramar Town Center Sement), employers, school officials, etc.) Indicate the CLAS Waiver Committee when my attendance is requested.	
6. I ce may	A medical interpretation of Describe what proposed in the proposed substitution and the proposed substitution. Additional information: Program Objective Degree of Anticipated Graduation Date Campus (check one): Attachments to be included of Unofficial copy of Transcript of	check one) B.A. calcing the substitution will not represent a full check one) B.A. calcing the substitution (check one) B.A. calcing the substitution (D. B.A.S.	A.S. □ Certificate A.S. □ Certificate The content □ Westor Audit (Counseling/Advocumentation (doctors) And the counseling in the couns	Other Other Miramar Town Center Sement) In Center Miramar Town Center Sement Miramar Town Center Miramar Town Center Sement Miramar Mira	
6. I ce may Stud	A medical interpretation of Describe what proposed in the proposed substitution and the proposed substitution. Additional information: Program Objective Degree of Anticipated Graduation Date Campus (check one): Attachments to be included of Unofficial copy of Transcript of	(check one) B.A. ce: Term Year Year North Central Stitutions, if applicable in this petition are accommittee meeting to perion/Substitution/Want for Academic Affair airs (signature)	a B.A.S.	A.S. □ Certificate nes Center □ Westor audit (Counseling/Adv ocumentation (doctors knowledge. I understa I agree to be present Date Recommended □ N Disapproved □ Tab Date	Other Other Miramar Town Center Sement) , employers, school officials, etc.) and that the CLAS Waiver Committee when my attendance is requested.	

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