

# Math Sub/Waiver Committee Recommendation Form

**Student Name:** \_\_\_\_\_ **Banner ID:** @ \_\_\_\_\_

**Required Course:** \_\_\_\_\_ **Substituted Course:** \_\_\_\_\_

*Appeal: If the student is dissatisfied with the committee's decision, they may file an appeal through the standard Student Grievance Process (See AP 5530).*

**AAC Faculty Approval**

Approved

Denied

*If denied, reasons/recommendation:*

\_\_\_\_\_  
AAC Faculty Signature

\_\_\_\_\_  
Date

**AAC Director Approval**

Approved

Denied

*If denied, reasons/recommendation:*

\_\_\_\_\_  
AAC Director Signature

\_\_\_\_\_  
Date

**Dean of Student Services**

Approved

Denied

*If denied, reasons/recommendation:*

\_\_\_\_\_  
AAC Director Signature

\_\_\_\_\_  
Date

**Vice President of Instruction**

Approved

Denied

*If denied, reasons/recommendation:*

\_\_\_\_\_  
Vice President of Instruction

\_\_\_\_\_  
Date