

**Victor Valley College**

**Verification of Disability and Educational Limitations  
Requiring an Adjustment of Graduation Requirements  
(Course Substitution)**

This is to verify that \_\_\_\_\_,  
ID \_\_\_\_\_, has a disability which substantially limits his/her  
ability to successfully complete the following course: \_\_\_\_\_,  
which is a requirement for graduation from Victor Valley College.

This student's educational limitations include:

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Documentation verifying the student's disability is on file in the Disabled Student  
Programs & Services (DSPS) Office.

I have reviewed the documents for the Request for an Adjustment of  
Graduation Requirements (Course Substitution).

DSPS Faculty: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_