Course Equivalency/Substitution/Waiver Appeal

PURPOSE: The Columbia College Course Equivalency/Substitution/Waiver Appeal form will be used to (a) request a direct equivalency to a Columbia College course that was not awarded by the Evaluations Department, (b) request to substitute a course taken either in transfer or with Columbia College for a specific course requirement, or (c) request to waive a course or particular academic departmental requirement.

GENERAL: Columbia College will consider a request by a student to accomplish one of the purposes outlined above only when there is clear and compelling evidence that it is in the best interest of the student and the institution to do so. The full burden of proof is upon the student and it is incumbent upon the student to present as many facts as possible in support of the request.

DISPOSITION: The Columbia College Course Equivalency/Substitution/Waiver Appeal will be initiated by the student. The Appeal will be submitted to the Evaluations Department and then forwarded to the appropriate Department Chair or Dean. If the student is enrolled at a campus other than the home campus, the Appeal should be submitted to the local campus staff who will then forward it to the Evaluations Department. The Department Chair or Dean will act on the request and forward it to the Senior Evaluator/Student Services Facilitator who will notify the student and/or the campus staff.

DIRECTIONS: Depending upon the nature of the request, the student will check Option A, B or C of the Appeal form and complete Appendix A (Enclosure supporting the Request). The form must be printed or typed and filled out completely – N/A may be utilized.

TO: Evaluations Department

FROM: _________________________________________________________
(Name of Student, ID)

_______________________________________________________________
(Address to include street, city, state and zip)

_______________________________________________________________
(Email address, Phone Number)

_______________________________________________________________
(Campus Location and Location Code - Ex. Columbia – EV; Online – DE; Aurora – CP2, etc.)

_______________________________________________________________
(Current Degree Program)
Check appropriate box, fill in the blanks and complete Appendix A.

☐ **OPTION A**
I request that I am granted:
Upper level _____
Lower level _____
Academic credit in the form of _____ semester hours for:

________________________________________________________________________________________
(Course #, title, where taught)
I believe this course is equivalent to Columbia College’s course:

________________________________________________________________________________________
(Course # and title)

☐ **OPTION B**
I request that ____________________________ is accepted to
(Course #, title, where taught)
meet the Columbia College departmental course requirement for

________________________________________________________________________________________
(Course # and title)
I believe this course to be an acceptable substitution.

☐ **OPTION C**
I request that Columbia College waive the requirement of

________________________________________________________________________________________
(Course # and title)
I have provided the justification for the waiver in Appendix A.
APPENDIX A

Appendix A must be completed for review of the Appeal. As much information as possible should be provided with the Appeal, as the burden is upon the student to demonstrate that the requested action is in his/her best interest as well as that of Columbia College. Additional documentation, such as a syllabus, may be attached and submitted as well.

Regardless of which option (A, B or C) has been chosen, the student must complete Part 1 and 2 of Appendix A. Only students requesting a requirement to be waived should complete Part 3. All students may complete Part 4.

1. The Institution (or source of credit)

_________________________________________ was taught by ____________________________.

(Course # and title) ____________________________ (Name of institution)

in ____________________________ during the academic year ____________________________.

(city, state, zip)

Credit was granted on a semester _____ quarter _____ clock _____ hour.

_________________________________________ is _____ is not _____ accredited.

(Name of institution)

By the following accrediting body: _______________________________________________________

_________________________________________ is a two-year _____ four-year _____ institution.

(Name of institution)

2. The Course

_________________________________________ met _____ x/ week for _____ minutes/hours each session.

(Course # and title) ____________________________ (#) (#)

The course lasted _____ weeks and I received _____ hours of credit.

(#) (#)

Catalog description: Attach a copy of the catalog page from the year the course was taken; if available; please attach a copy of the course syllabus as well.

The text was __________________________________________________________

(Title)

______________________________________________________________

(Author) (Publisher) (Edition)

The text had ____ chapters. The instructor assigned ____ of them.

(#) (#)

Chapter titles covered were:

_______________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

08/08
3. **Waiver of Requirement** (Only students who marked Option C should complete Part 3.)

I believe the requirement should be waived for the following reasons:

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

4. **Additional comments to support the appeal:** (Optional)

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

(Signature)

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**For Office Use Only: INSTITUTIONAL ACTION**

1. **Campus/Advisor Recommendation**

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

(Signature and Date)

2. **Additional information supplied by Advisor, AHE, and/or Evaluations.**

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

3. **Dept Chair and/or Dean: Request is approved ____**

   Request is denied ____

   Other (see below) ____

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

(Signature) (Date)

4. **Director of Evaluations: Request is approved ____**

   Request is denied ____

   Other (see below) ____

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Student record will be properly annotated and student notified.

(Signature) (Date)