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 Office of the Registrar’s Evaluations Team, (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 the 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 Office of the Registrar either by the student (main campus) or by a representative from the student’s local campus (nationwide/online). A member of the Office of the Registrar’s Evaluations Team will act as liaison between the appropriate academic Department Chair or Dean and the student/academic advisor regarding the progress and the result of the Appeal.

DIRECTIONS: Depending upon the nature of the request, the student will check Option A, B or C of the Appeal form and then complete Appendix A: Enclosure supporting the appeal. The form must be printed or typed and all areas must be completed in their entirety (N/A may be used).

Student Information

Last: __________________________ First: ______________________ E-mail: ______________________
Address: __________________________
City: __________________________ County: ___________ State: _____ Zip ______
Home Phone: (____) ____________ Work Phone: (____) _________________
Current Degree Program: __________________________
Campus/Location(s) attending: □ Day □ Evening □ Nationwide (specify location): ______________________
Check the appropriate box, fill in the blanks, and then complete Appendix A (next page).

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

I believe this course is equivalent to Columbia College’s course:  
_________________________________________________________________________________________________________________

☐ **OPTION B**  
I request that ____________________________________________________________________ is accepted to meet the Columbia College departmental course requirement for _______________________________________________________________________________.  

I believe this course to be an acceptable substitution.

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

☐ I have provided the justification for the waiver in Appendix A.
APPENDIX A: Enclosure supporting the appeal

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. **Institution information** (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)

2. **Course information**
   
   ____________________________ 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:
   
   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________

3. **Waiver of Requirement** (required for Option C only)

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

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ______________________________________ Date: _________

For Office Use Only: INSTITUTIONAL ACTION

1. Campus/Advisor:
   Recommendation: ________________________________________________
   Advisor Signature: __________________________ Date: ______________

2. Additional information supplied by Advisor, AHE, and/or the Office of the Registrar:
   __________________________________________________________________
   __________________________________________________________________

3. Department Chair or Dean:
   □ Request is approved     □ Request is denied
   □ Other: __________________________ Date: ______________________
   Signature: __________________________ Date: ______________________

4. Office of the Registrar:
   □ Request is approved     □ Request is denied
   □ Other: __________________________ Date: ______________________
   The student record will be properly annotated and student notified.
   Signature: __________________________ Date: ______________________