

**PURPOSE:** The Columbia College Graduate Course Substitution/Waiver Appeal form will be used to (A) request to substitute a course taken either in transfer or with Columbia College for a specific course requirement, (B) waive the 7 year rule (degree program/course completion), or (C) allow transfer credit to be submitted after completion of 12 hours of graduate coursework with Columbia College.

**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 Graduate Course Substitution/Waiver Appeal will be initiated by the student. The Appeal will be submitted to the Office of the Registrar's Evaluations Team by a representative from the student's local campus. A member of the 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 add or attach additional supporting information. The form must be printed or typed and all areas must be completed in their entirety (N/A may be used).

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**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 add supporting information.

**OPTION A**

I request that I am granted the following course requirement substitution:

**Course # and title of proposed substitution:** \_\_\_\_\_ Semester hours: \_\_\_\_\_

**Departmental course requirement to be met with the proposed substitution:**  
 Course # and title: \_\_\_\_\_ Semester hours: \_\_\_\_\_

**OPTION B**

I request Columbia College waive the 7 year rule

**OPTION C**

I request permission to submit transfer credit for evaluation after completion of 12 hours of graduate coursework with Columbia College

**Additional Information**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of the Registrar use only** Program Admit Status: \_\_\_\_\_  
Date Received: \_\_\_\_\_

Approved  Denied  Other

\_\_\_\_\_  
 \_\_\_\_\_

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