



## 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.

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**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.

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## 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:

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**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:

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

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(Signature)

**For Office Use Only: INSTITUTIONAL ACTION**

1. Campus/Advisor Recommendation

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(Signature and Date)

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

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3. Dept Chair and/or Dean: Request is approved \_\_\_\_

Request is denied \_\_\_\_

Other (see below) \_\_\_\_

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(Signature) (Date)

4. Director of Evaluations: Request is approved \_\_\_\_

Request is denied \_\_\_\_

Other (see below) \_\_\_\_

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Student record will be properly annotated and student notified.

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(Signature) (Date)