West Virginia Northern Community College

Course Substitution or Course Waiver Request Form

Use this form to request a change to a specific course requirement in a student's current WVNCC program. This form should be completed by the student with the assistance of an academic advisor. The request applies only to the student's current declared program. Approval is not automatic and must be reviewed before it can be applied to the student's academic record.

☐ **Course Substitution**	☐ **Course Waiver**
Replaces a required course in the student's program with another course that a subject matter expert determines meets the same or substantially similar learning outcomes. If approved, the substitution may be added to WVNCC's permanent course equivalency list and used for future students when the same equivalency applies.	Removes a specific course requirement when the student has demonstrated that the required program outcome has been met through previous academic experience. A waiver does not award credit hours or a grade, and the student must still complete the total credit hours required for the program.

Student Information

Student Name		**Student ID Number**	
WVNCC Email	@mail.wvncc.edu	**Phone Number**	
Preferred Method of Communication	☐ **WVNCC Email** ☐ **Phone** ☐ **Text Message**	**Effective Term**	
Program/Major Goal		**Catalog Year**	

Important note: Your preferred method of communication on this form will be used only for communication about this request. It does not update your official contact information in WVNCC student records. To update your official contact information, please contact the appropriate student services office

Required Course Information

Identify the WVNCC course requirement in the student's program that is being substituted or waived.

Required WVNCC Course Prefix/Number	Required WVNCC Course Title	Credit Hours

For Course Substitution Requests Only

Complete this section only if another course is being used to replace the required WVNCC course listed above.

Substitute Course Prefix/Number	Substitute Course Title	Institution	Credit Hours

☐ Course description attached ☐ Course syllabus attached ☐ Transcript or academic record attached

Institutional equivalency notice: If a course substitution is approved, WVNCC may add the approved substitution to the permanent course equivalency list and use it for future students when the same equivalency applies.

For Course Waiver Requests Only

Complete this section only if the student is requesting removal of the course requirement based on previous academic experience.

Explain why course waiver is being requested. Include how the proposed course or prior academic experience meets the relevant program outcome.

Previous Academic Experience (e.g. WVNCC Course Prefix/Number, Degree Achieved)

☐ Course description attached ☐ Course syllabus attached ☐ Transcript or academic record attached

Student and Advisor Acknowledgment

By signing below, I understand that this request applies only to my current declared WVNCC program; approval is not guaranteed; a course substitution, if approved, may be added to WVNCC's permanent course equivalency list and used for future students when the same equivalency applies; a course waiver does not award credit hours or a grade; and if a waiver is approved, I must still complete the total credit hours required for my program. If this request is denied, I may appeal the decision.

Student Signature		**Date**	
Academic Advisor Signature		**Date**	

Office Use Only

Registrar's Office Intake

Date Received		**Received By**	
Request Type	☐ Course Substitution ☐ Course Waiver	**Effective Term**	
Student Program Confirmed	☐ Yes ☐ No	**Catalog Year Confirmed**	☐ Yes ☐ No
Forwarded for Review To	☐ SME - Course Substitution ☐ Program Director - Course Waiver	**Date Forwarded**	
Registrar Notes: _____			

Review and Approval Routing

Reviewer / Step	Recommendation or Decision	Equivalency / Notes	Signature and Date
Subject Matter Expert Course Substitution	☐ Recommend approval ☐ Recommend denial ☐ Additional information needed	Proposed course ☐ does ☐ does not meet required outcomes. Add to permanent list: ☐ Yes ☐ No ☐ N/A	
Program Director Course Waiver	☐ Recommend approval ☐ Recommend denial ☐ Additional information needed	Student ☐ has ☐ has not demonstrated that requirement has been met.	
Division Chair	☐ Accept recommendation ☐ Deny recommendation ☐ Additional information needed	Comments / reason for denial:	
Vice President for Learning	☐ Approved ☐ Denied ☐ Approved with modification ☐ Additional information needed	Final comments / modification:	

Registrar Final Processing

Student Notified	☐ Yes ☐ No	**Date Student Notified**	
Degree Audit / Academic Record Updated	☐ Yes ☐ No ☐ N/A	**Permanent Course Equivalency List Updated**	☐ Yes ☐ No ☐ N/A
Effective Term Applied		**Processed By**	
Registrar Signature		**Date**	