

# COLUMBIA COLLEGE

## Credit by Challenge Request Form

<b>NOTE:</b> <b>Must; Shall; Will:</b> <b>Should:</b> <b>May or Could; Can:</b>	<b>Clarification of Terms</b> These words or phrases indicate actions or activities that are <i>essential or mandatory</i> . This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.
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Columbia College, Registrar's Office  
 802 Manning Road N.E., Calgary, AB T2E7N8  
 Toll Free in Canada / US: 1-888-235-9370  
 Other: 1-403-235-9300, Fax: 1-403-272-3805

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**Student ID Number (if applicable)**

For Office Use Only:

**Reference Number**

Review the Credit By Challenge Procedures Policy document at [www.columbia.ab.ca](http://www.columbia.ab.ca) for instructions on form use.

<b>About you</b>					
Student Name:	Last	First	Middle	Phone (Day):	
Former Name:	Last	First	Middle	Phone (Evening):	
Mailing Address:				City/Town:	
Province/State:		Postal/Zip Code:		E-mail:	
Name of Program currently registered in at Columbia College:					
<b>About your Request</b>					
<b>1</b>	Have you contacted the Registrar's Office and been given contact information for a facilitator for the course being challenged? Yes _____ No _____ (If Yes, please complete the contact information below)				
Facilitator Name:			Phone #/Email:		
<b>2</b>	Course(s) being requested for evaluation by Credit by Challenge				Office Use Only
	Columbia College Course Code	Tuition Fee	Learner Association Fee	All Doc./Fee Recvd. (Y/N)	Approved (Initial)
The fees and student signatures must be provided with this request. Cheques are not accepted. Fees may be sent by Money Order, VISA or Mastercard; or cash or debit if paid in person.					
The personal information on this form has been collected for the sole purpose of processing your request. The information is collected in accordance with the Columbia College privacy policy, as well as Alberta Personal Privacy legislation. If you have any questions about the collection or use of this information please contact the Corporate Privacy Officer. This form must be signed before we can process your request.					
<b>Student Signature:</b>			<b>Signature date:</b>		
<b>For Registrar's Office Use Only</b>					
Received By:			Date Received:		
Program Coordinator Signature:			Program Coordinator Signature Date:		
Processed By:			Processed Date:		