

# SALISBURY UNIVERSITY

## V-10.00 Policy on Course Substitution or Waiver Based upon Disability

### I. POLICY STATEMENT

Salisbury University (“University”) in compliance with Section 504 of the Rehabilitation Act of 1973 (as amended) and the American with Disabilities Act of 1990 (as amended), provides the following process for students with disabilities to seek course substitutions or waivers for general education courses or program elective. The University reserves the right to amend this Policy as circumstances require.

### II. PURPOSE

To provide guidance to otherwise qualified students with documented disabilities on the process for requesting course substitutions and/or waivers.

### III. DEFINITIONS

1. Accommodation: an adjustment or modification in the academic environment that enables an individual to enjoy equal access to the University's programs, services or activities, including auxiliary aids and services.
2. Disability: Any physical or mental impairment that substantially limits one or more major life activities; or having a record of such an impairment; or being regarded as having such impairment.

### IV. RULES AND PROCEDURES

#### A. General Rules

1. Requests for course substitution and/or waivers will be considered on a case-by-case basis.
2. The University will not grant a course substitution and/or waiver if doing so would fundamentally alter the nature of the student’s program of study, resulting in the lowering of the University’s academic standards.
3. A substitution may be granted in a situation in which a student is otherwise qualified to participate in the program in which the student is enrolled, but, due to a disability, is unable to meet requirements for a specific course and no other reasonable accommodation can be established within that course.
4. A waiver will be granted in the rare case in which the requirements for a substitution are met, but there is no appropriate alternative course available. In such an instance, the University may require the student to fulfill the course requirements through an alternative method to ensure that the student satisfies the general education competencies.
5. Substituting or waiving a specific course does not reduce the number of credits required for completion of a degree program. Students must earn the full number of credits required by their programs in order to graduate.

6. Students must follow the steps outlined in this Policy to request course substitutions and/or waivers at the University.
7. Each course substitution and/or waiver request will be considered and approved or denied in light of a student's current course of study. As a result, if a student changes their major and/or minor following the receipt of a course substitution and/or waiver, a student will be required to resubmit their request for substitution and/or waiver, beginning with scheduling a meeting with the Disability Resource Center ("DRC") and then proceeding to "Step 2" below. Failure to do so may result in the loss of the approved course substitution and/or waiver.
8. Students should be aware that the University may not accept a course waiver and/or substitution approved by another college or university. Additionally, course substitutions and/or waivers granted at the University may not be accepted by other institutions of higher education.

**B. Process for Requesting a Course Substitution or Waiver**

Step 1: The student should schedule an intake appointment with DRC staff to review and discuss the student's request for a course substitution and/or waiver, as well as other accommodations. Additionally, the student should submit documentation of a disability. Such documentation should satisfy the disability documentation criteria listed at:

<http://www.salisbury.edu/students/drc/register.html#doc>.

The student is responsible for contacting the DRC to confirm the documentation was received and should contact the DRC for guidance on the documentation needed for their individual situation.

Step 2: The student should complete the Request for Course Substitution or Waiver Based upon Disability Form (the "Request Form") and submit it (by mail, e-mail, fax, or in-person) to the Associate Vice President of Academic Affairs. Additionally, the student should include a detailed written statement, signed by the student, that includes the rationale for the substitution and/or waiver and other relevant information such as the student's experiences with previous related course work, other accommodations discussed with the DRC, and why the student believes they would be unable to participate fully in the course for which the student is requesting a substitution and/or waiver. The contact information for the Associate Vice President of Academic Affairs is:

Associate Vice President of Academic Affairs  
Holloway Hall (HH), Room 241  
Salisbury University  
1101 Camden Avenue  
Salisbury, MD 21875  
Email: mmboog@salisbury.edu  
Fax: 410-548-2587  
Phone: 410-543-6020

**A student requesting a course substitution and/or waiver must submit their request to the Associate Vice President of Academic Affairs within 90 days of declaring and/or changing his or her major and/or minor.**

Step 3: Upon receipt of the Request Form, the Associate Vice President of Academic Affairs shall convene a committee to review the request. The committee will consist of the DRC Director or designee and the Associate Vice President of Academic Affairs or designee. In addition, the committee will include the appropriate college/school representatives to consider the academic impact of the request. These representatives will include, but are not limited to, the dean of the school/college or designee, a program director or designee from the student's academic program, and/or a faculty member from the content area/discipline. The Associate Vice President of Academic Affairs will inform the student, the Registrar's Office, and any appropriate faculty members in writing of the committee's decision within approximately fifteen (15) working days from receiving the Request for Course Substitution or Waiver Based upon Disability Form. The decision letter shall include information regarding the appeal procedure and timeline.

C. Appeal Process

A student who is denied a requested course substitution and/or waiver is entitled to appeal that decision to the Provost. The Office of the Provost must receive a student's appeal within ten (10) business days of the student's receipt of the decision of the committee. The appeal shall include a summary of the request, the solution sought, the specific grounds for appeal, copies of the Request Form, and the committee's decision letter. Students should send appeals to the Office of the Provost (by e-mail, standard mail, fax, or in-person) at the following address:

Office of the Provost  
Holloway Hall (HH), Room 245  
Salisbury University  
1101 Camden Avenue  
Salisbury, MD 21875  
Email: klolmstead@salisbury.edu  
Fax: 410-548-2587  
Phone: 410-543-6020

Generally, within fifteen (15) business days of receiving a written appeal, the Office of the Provost will issue a decision in writing to the appropriate parties, including the student and the DRC. This decision shall be the final decision of the University regarding the request for a course substitution or waiver based upon disability.

## **V. RESPONSIBLE DEPARTMENT**

The University's Disability Resource Center (410)-543-6087, and the Office of the Provost (410)-543-6020 are responsible for implementing this Policy and may be contacted regarding questions about the policy.

## **VI. APPENDICES**

- A. Request for Course Substitution or Waiver Based upon Disability-Form
- B. Request for Course Substitution or Waiver Based upon Disability-Student Statement

**Approved By: Faculty Senate**

**Approval Date: 4/21/2020**

**Effective Date: 4/22/2020**

## Salisbury University

### Request for Course Substitution or Waiver Based upon Disability-Form

Please read the “Salisbury University Policy on Course Substitution or Waiver Based upon Disability” (the “Policy”) before completing this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Student ID#: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor (*if applicable*): \_\_\_\_\_

Permanent Address:

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Contact Information:

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you requesting a course substitution or waiver?    Substitution or Waiver  
(circle one)

I am requesting a course substitution or waiver of a general education requirement or program elective. This request complies with the Policy.

The course for which I am requesting a substitution or waiver is:

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Course Name and Department

**Per Paragraph B, Step 3, of the Policy, please attach the detailed written statement.**

I have investigated how the proposed substitution or waiver may affect my further study at Salisbury University and/or other post-secondary institutions. I understand that substituting or waiving a specific course does not reduce the number of credits required for completion of a degree program and I must complete the full number of credits required for graduation in my degree program. Furthermore, I understand that in the event that I change my major or minor course of study, I am required to resubmit a request for a substitution or waiver for reconsideration, given the requirements in my new degree program.

Student Signature \_\_\_\_\_

## Salisbury University

### Request for Course Substitution or Waiver Based upon Disability- Student Statement

Please state clearly the reasons for your request and relevant information about why you feel you would be unable to fully participate in the course listed on your Request Form. Your statement should include your rationale for the substitution and/or waiver and other relevant information such as your experiences with previous related course work, other accommodations you discussed with the DRC, and why you believe that you would be unable to participate fully in the course for which you are requesting a substitution and/or waiver. You should submit this statement to the Associate Vice President of Academic Affairs along with the Request Form.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Last First M.I.

#### **RATIONALE:**

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Student Signature

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Date