

STUDENT COURSE WAIVER REQUEST

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NOTE

Please do **not** give these pages out to  
submit a Request. Use them to make  
as many copies as needed for  
requests by Students.

ARIZONA ARCHAEOLOGICAL SOCIETY  
DEPARTMENT OF CERTIFICATION



**SECTION 3-D**  
**PROCEDURE FOR PROCESSING STUDENT COURSE WAIVER REQUEST**

**A. APPLICANT PROCEDURE**

1. Obtain the necessary form from the Chapter's Certification Department Representative.
2. Complete the form using the instruction sheet provided. Attach a check or money order for \$6.00 for the Course Waiver Request processing fee. Deliver the Request form, including all supporting documents, to the Chapter Representative for forwarding to the Department, or mail the Request form and supporting documents directly to the Review Committee Chairperson (name and address will be available from the Chapter Representative).
3. The Student will be notified upon receipt of the Request by the Department. If an initial review discloses inadequate or insufficient information in the Request, additional information may be required.

**B. REVIEW COMMITTEE PROCEDURES**

1. The Review Committee Chair will reproduce the Request and supporting documents and send them to each member of the Review Committee.
2. The Review Committee will meet during or prior to each regularly scheduled meeting of the Department to discuss each pending Request. The Committee will, through consensus, arrive at a recommendation and present it for consideration by the Department.
3. During that portion of the Department meeting specified in the meeting agenda for discussion of Student Course Waiver Requests, the membership will take action on each Request, following a presentation and discussion of the findings, conclusions, and recommendations of the Review Committee. The Student may attend the Department meeting at which his or her Request will be reviewed.
4. The Review Committee Chair will, within two weeks following the meeting, notify each Student of the decision made on his or her Request. If a Request is denied, the notification shall include the basis for denial. A copy of the notification is sent to the Department Recorder to be filed in the Student's folder.
5. When a Request is accepted, the file for approved Student Course Waiver Request is sent to the Recorder for records retention and for recording the Course Waiver on the Certification Database.
6. For a denied Request, the Student may file a written appeal and ask for re-evaluation of the Request. The appeal must be submitted to the Chapter Representative within 30 days following receipt of notification of denial. When an appeal is filed, the Student is encouraged to provide additional information or supporting documents to address any deficiency identified in the basis for denial. At the next Departmental meeting, the appeal will be reviewed. Any additional information or supporting documents provided as part of the appeal will be considered in reaching a decision. The Student may attend the Department meeting at which his or her appeal will be reviewed.

## INSTRUCTIONS

### STUDENT COURSE WAIVER REQUEST

1. Read the entire application before responding.
2. Assemble the appropriate supporting documents to attach to the completed application.
3. Refer to Tab 3-D, Page 1, Paragraph A.2. for submitting the Course Waiver Request. All courses for which a waiver is sought may be included in a single Student Course Waiver Request.
4. The Request must be received by the Department at least four weeks prior to the scheduled date of the meeting at which the Request is to be considered. If less time is allowed, consideration of the Request may be delayed until the next regularly scheduled meeting, resulting in an approximately two-month delay.
5. Personal Supporting Documents: Please provide only copies of supporting documents with the Request form. **PLEASE DO NOT SEND ANY OF YOUR ORIGINAL DOCUMENTS.** Retain a copy of the application for record purposes.
6. Include with the form any additional information that supports the Course Waiver Request and will aid the Review Committee in its evaluation.
7. The Request may not be immediately processed, and follow-up contact, or the return of the Request may be required, if:
  - a. The processing fee is not enclosed with the Request form.
  - b. The form is not properly completed.
  - c. There is insufficient supporting documentation.
  - d. Any items of supporting documentation are judged inadequate.
8. A returned Request will result in at least a two-month delay before it can again be considered by the Review Committee and the Department.
9. A Student may attend the Department's meeting at which his or her Course Waiver Request is to be reviewed. Information regarding the Department meeting dates and agenda may be obtained from the Chapter Representative or the Department Chair.

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B. ACTION SOUGHT (continued)

2. Waiver is Requested for the following aspects of the course (check boxes). If waiver is requested for more than one AAS course, provide this information for each course:

Class work

Fieldwork

3. If a waiver is requested for only class work, or for only field work, explain how the remaining course obligation(s) will be, or have been, satisfied.

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C. Letters of Recommendation - Request a letter of recommendation from the instructor of each course, workshop, seminar, field project, or other training that is being proposed as a substitute for an approved AAS course. The letters of recommendation should attest to your understanding of, and competency to carry out, all aspects as detailed in the applicable course syllabus, of the applicable approved AAS course. **Please arrange to have the letters of recommendation sent directly to the Chapter Representative or the Review Committee Chairperson.** The name and address of the Review Committee Chairperson is available from the Chapter Representative.

<u>NAME OF INSTRUCTOR</u>	<u>TITLE</u>	<u>DATE OF FIRST ASSOCIATION</u>
_____	_____	_____

ADDRESS \_\_\_\_\_

D. Documentation to Support Your Waiver Request

Provide for Review Committee consideration, a course outline or equivalent information, for the specific course taken as an alternate to an AAS Certification Department approved course. The Review Committee will use this course outline to determine, by direct comparison to the course requirements contained in the Department of Certification Manual, if the training and experience provided by the alternate course satisfy the Department of Certification requirements. If waiver is requested for more than one course, provide this information for each course. (please check box as applicable):

Specific Course Outline      - or -      Equivalent Information



E. Formal and Practical Experience Applicable to Your Waiver Request:

Detail the classroom, training, and field experience previously received that is offered as a substitute for the requirements of this course by the AAS. Detail those experiences relevant to the requirements of the classes for which waiver is being requested.

1. Classroom - Lecture Experience

- a. Course Title \_\_\_\_\_
- b. Credit Hours Earned \_\_\_\_\_ Date Course Completed\_ \_\_\_\_\_
- c. Estimate the number of Days \_\_\_\_\_ or Hours \_\_\_\_\_ of class room work.
- d. Course Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Institution/Organization\_ \_\_\_\_\_
- f. Instructor\_\_\_\_\_ Location \_\_\_\_\_

Classroom - Lecture Experience

- a. Course Title \_\_\_\_\_
- b. Credit Hours Earned \_\_\_\_\_ Date Course Completed\_ \_\_\_\_\_
- c. Estimate the number of Days \_\_\_\_\_ or Hours \_\_\_\_\_ of class room work.
- d. Course Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Institution/Organization\_ \_\_\_\_\_
- f. Instructor\_\_\_\_\_ Location \_\_\_\_\_

Classroom - Lecture Experience

- a. Course Title \_\_\_\_\_
- b. Credit Hours Earned \_\_\_\_\_ Date Course Completed\_ \_\_\_\_\_
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- d. Course Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Institution/Organization\_ \_\_\_\_\_
- f. Instructor\_\_\_\_\_ Location \_\_\_\_\_

Classroom - Lecture Experience

- a. Course Title \_\_\_\_\_
- b. Credit Hours Earned \_\_\_\_\_ Date Course Completed\_ \_\_\_\_\_
- c. Estimate the number of Days \_\_\_\_\_ or Hours \_\_\_\_\_ of class room work.
- d. Course Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Institution/Organization\_ \_\_\_\_\_
- f. Instructor\_\_\_\_\_ Location \_\_\_\_\_

Formal and Practical Experience (continued)

2. Fieldwork Experience
- a. Project Name \_\_\_\_\_ Location \_\_\_\_\_
  - b. Institution/Sponsor \_\_\_\_\_
  - c. Supervisor \_\_\_\_\_ Asst. Supervisor \_\_\_\_\_
  - d. Project Dates Start \_\_\_\_\_ Finish \_\_\_\_\_
  - e. Estimated number of Days \_\_\_\_ or Hours \_\_\_\_ of field experience.
  - f. Your status on the project \_\_\_\_\_
  - g. Description of experience and/or training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fieldwork Experience

- a. Project Name \_\_\_\_\_ Location \_\_\_\_\_
- b. Institution/Sponsor \_\_\_\_\_
- c. Supervisor \_\_\_\_\_ Asst. Supervisor \_\_\_\_\_
- d. Project Dates Start \_\_\_\_\_ Finish \_\_\_\_\_
- e. Estimated number of Days \_\_\_\_ or Hours \_\_\_\_ of field experience.
- f. Your status on the project \_\_\_\_\_
- g. Description of experience and/or training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fieldwork Experience

- a. Project Name \_\_\_\_\_ Location \_\_\_\_\_
- b. Institution/Sponsor \_\_\_\_\_
- c. Supervisor \_\_\_\_\_ Asst. Supervisor \_\_\_\_\_
- d. Project Dates Start \_\_\_\_\_ Finish \_\_\_\_\_
- e. Estimated number of Days \_\_\_\_ or Hours \_\_\_\_ of field experience.
- f. Your status on the project \_\_\_\_\_
- g. Description of experience and/or training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fieldwork Experience

- a. Project Name \_\_\_\_\_ Location \_\_\_\_\_
- b. Institution/Sponsor \_\_\_\_\_
- c. Supervisor \_\_\_\_\_ Asst. Supervisor \_\_\_\_\_
- d. Project Dates Start \_\_\_\_\_ Finish \_\_\_\_\_
- e. Estimated number of Days \_\_\_\_ or Hours \_\_\_\_ of field experience.
- f. Your status on the project \_\_\_\_\_
- g. Description of experience and/or training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Documentation

Provide an inventory of Documents Submitted in Support of this Waiver Application:

**DO NOT SEND ORIGINAL DOCUMENTS.**

List all of the documents submitted in copy form for consideration by the Review Committee in support of this Waiver Request. These may include: transcripts, lecture notes, course notes, course syllabus, letters of recommendation, published and/or unpublished reports, field notes, term papers or other material indicative of your work related to this Waiver Request.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

If necessary, continue listing on a separate page.

VII. Use this space and additional pages if needed for additional comments in support of your Waiver Request.

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