UNIVERSITÉ Concordia UNIVERSITY CONTINUING EDUCATION

Tel. (514) 848-3600
E-mail: cce@concordia.ca

COURSE WAIVER REQUEST FORM

$55 registration fee applies

Requests will be processed within 5 working days

Student Information (Please Print) Student I.D: _____

Last Name: _____ Date of Birth _____
YYYY-MM-DD

First Name _____ Telephone: _____

Email: _____

Conditions for Course waivers:

Course waivers are granted based on the assumption the candidate has prior skills and subject-matter knowledge covered in waived course. It is understood by the applicant that instructors will not cover pre-requisite concepts in the course.

- Course waivers may be requested for pre-requisite courses to CCE programs.
- Course waivers may not be requested for language courses.
- Waived courses will not appear on student transcripts.
- In order to be granted a certificate or diploma, a student must make a formal request to replace the course and be pre-approved by CCE.
- Decisions based on course waivers are final.
- Requests for waiver from prerequisite courses must be made in writing to Concordia Continuing Education (CCE).
- Students must submit this Course Waiver Request form with appropriate proof of experience in order to be considered for a course waiver.

Which course do you want to enroll in? (Course number and Title)

Which pre-requisite course are you requesting to be waived from? (Course number and Title)

Knowledge and Skills were acquired in	**Academic Learning**	**Experiential Learning**
Demonstrate how your knowledge and skills match the learning outcomes of this course.	Course Learning Outcomes:	Your experience:
Links to online portfolio/LinkedIn:		

My signature below indicates that I understand the rules governing pre-requisite course waivers and that a course waiver assumes that I am sufficiently familiar with the content of the course being waived. I also understand that Instructors will assume this fact and will not be teaching concepts that should have been acquired prior to entering their course.

Signature: _____ Date: _____

Processed: