

**Student Information** (Please Print)

Last Name: \_\_\_\_\_

First Name \_\_\_\_\_

Email: \_\_\_\_\_

Student I.D: \_\_\_\_\_

Date of Birth \_\_\_\_\_  
YYYY-MM-DD

Telephone: \_\_\_\_\_

*Requests for course exemptions, if permitted, must be made in writing to the Program Administrator. A maximum of 20 course hours per certificate program or 60 course hours per diploma program can be exempted without having to replace the exempted course(s) with another course from the Centre. All course exemptions that are granted will appear on the student transcript.*

**Language Institute courses:** Course exemptions **cannot** be requested.

**Computer Institute courses:** (Exam Fee \$75 – non-refundable)

Students wishing to be exempted from a Computer Institute course must successfully complete an exam to prove their mastery of the course content.

**Other courses:** Students must submit a transcript of grades and a course description as proof that a course has been successfully completed at another educational institution in order to be granted an exemption. Students requesting to be exempted from a course based on non-academic experience must successfully complete an exam to prove their mastery of the course content. (Exam Fee \$75 – non-refundable)

Which course are you requesting to be exempted from? (Course number and Title)

---

At what Educational Institution did you complete a course equivalent to this one?

---







When did you complete this course?

---

What was the course number and title of the course you completed?

---

**YOU MUST ATTACH A COURSE DESCRIPTION AND YOUR TRANSCRIPT SHOWING THE COURSE WAS SUCCESSFULLY COMPLETED**

|   |  |  |  |
|---|--|--|--|
| <b>PAYMENT METHOD</b>   |  | \$75 per Exemption Exam (if required)<br>(Cash and Personal Cheques are <b>NOT</b> accepted)                   | <b>AMOUNT: \$</b>  |
| <input type="checkbox"/>  (in person only) | <input type="checkbox"/>  (Payable to Concordia University) | <input type="checkbox"/>    | <input type="checkbox"/>  |
| <input type="checkbox"/>                 |  | <input type="checkbox"/>  |  |
| CREDIT CARD NUMBER  |  | EXPIRY DATE (MONTH/YEAR)   |  |
| DATE  | NAME AS IT APPEARS ON THE CREDIT CARD  | CARDHOLDER'S SIGNATURE   |  |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Processed:** \_\_\_\_\_