

Tel. (514) 848-3600 Fax. (514) 848-2806
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COURSE WAIVER REQUEST FORM

\$25 registration fee applies

Student Information (Please Print)

Last Name: _____

First Name _____

Email: _____

Student I.D: _____

Date of Birth _____
YYYY-MM-DD

Telephone: _____

Requests to be waived from taking a pre-requisite course must be made in writing to the Centre and must be submitted with a Registration Contract. In order to be granted a certificate or diploma, any compulsory or elective course that has been waived must be replaced by another course. All course waivers are granted at the student's risk and will not appear on the student transcript. A \$25 Registration Fee applies each term a course waiver is requested.

Language Institute courses: Course waivers cannot be requested.

Other Courses: 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)

How did you acquire the knowledge covered in the course you are requesting to be waived from?

How long ago was this? _____

How often have you had to use these skills since acquiring them? (in the work place or in your personal life)

If the course deals with specific software or a programming language:

What version of the software have you used? or What programming language have you used?

How frequently have you used this software or programming language in the last two years?

What type of applications have you created with this software or programming language in the last two years?

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: _____