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COURSE WAIVER REQUEST FORM

\$35 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: