



Course Waiver Request

STUDENT MUST INITIATE REQUEST WITH SUPPORTING DOCUMENTATION.
REQUEST MUST BE RECEIVED NO LESS THAN 30 DAYS BEFORE THE END OF THE CERTIFICATE FOR
WHICH THE COURSE WAIVER IS REQUESTED.

To submit your request:

- Supporting documentation must be included with the submitted request:
- For educational reasons, a transcript of comparable courses taken in the United States within the past 5 years, OR,
- For experiential reasons, a resume indicating comparable job duties in verifiable employment for no less than 2 years within the past 3 years in the United States.
Supporting documentation and this form must be submitted via email to CEHealthcare@collin.edu
Requests must be submitted no less than 30 days before the end of the certificate for which the waiver is requested.
- No waiver with refund will be granted for a course in which the student is enrolled and has already begun
- Waivers shall not exceed more than half of the contact hours in a certificate series.
- Waivers shall not be granted for Externships.
- Waivers shall not be granted for courses that are core to the certificate series.
You will be notified of the decision by e-mail to your e-mail account provided below (allow 1-2 weeks for notification).

Student Name: _____

Student ID/CWID: _____

Daytime Telephone Number: _____

E-Mail Address: _____

Student is requesting waiver for the following course(s): (check mark indicate approval - "x" indicates denied)

[] _____

[] _____

[] _____

[] _____

Courses are part of which Certificate Series: _____

For official use only:

Approved by: _____ Date: _____

Denied by: _____ Date: _____