Course Requirement Waiver

Request for Consideration of an exception to a requirement in the Teacher Certification Program.

Return form to the Office of Student Services, Education 151

Date: _______________

Student ID#: ___________________

Student Name: ___________________ ___________________ MI

Phone Number: ___________________ Program: ___________________

CU E-Mail Address: ________________ Teaching Field: ___________________

For which requirement/course are you requesting an exception?
Attach any additional sheets and include course number, department name, and description of request.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What would you like to be considered in place of this requirement/course?
Attach any additional sheets and supporting documents, such as a course description and/or syllabus.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

DEPARTMENT USE ONLY

(Check one box)
☐ I DO recommend that the above request be approved.
☐ I DO NOT recommend that the above request be approved.

Comments/Conditions:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Faculty Name (please print): ___________________

Faculty Signature: ___________________ Date: ___________________

Approved – Associate Dean: ___________________ Date: ___________________