



CONTINUING EDUCATION

### Course Waiver / Substitution Form

Certificate Programs  
Rhode Island School of Design  
Continuing Education  
Office location:  
345 South Main Street, 2<sup>nd</sup> floor  
Providence, RI 02903

_____		_____	_____
Last Name	First	M.	
_____			
Home Address			
_____			
_____		_____	_____
City	State	ZIP Code	
_____			
_____		_____	
Home Phone	Work /Cell Phone		
_____			
Email Address			

Core Level courses may be waived or substituted. Concentration Level class may not be waived; substitutions for Concentration Level courses are considered individually, based upon documentation provided with the form. A separate form must be submitted for each course substitution or waiver request. Complete this form and return it to the mailing address at the bottom of the page.

#### CERTIFICATE PROGRAM

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Animation          | <input type="checkbox"/> Interior Design              | <input type="checkbox"/> Painting Studies    |
| <input type="checkbox"/> Graphic Design     | <input type="checkbox"/> Jewelry + Light Metals       | <input type="checkbox"/> Photography         |
| <input type="checkbox"/> Interactive Design | <input type="checkbox"/> Natural Science Illustration | <input type="checkbox"/> Product Dev. + Mfg. |

#### Waive Course

Course # \_\_\_\_\_ Title \_\_\_\_\_

Or

#### Substitute Course

Course # \_\_\_\_\_ Title \_\_\_\_\_

#### For Course

Course # \_\_\_\_\_ Title \_\_\_\_\_

#### Reason for Waiver or Substitution:

- Successful completion of a similar course taken at another institution.  
**Attach transcript with grade received and course description.**
- Significant work experience and training gained through comparable skills and knowledge.  
**This must be substantiated with documentation, such as a job description or resume.**
- Prefer to take a comparable CE course to fulfill a requirement (Course Substitution only).

\_\_\_\_\_  
Signature of Certificate Candidate Date

#### Office use only:

Approved  Not approved for the following reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Assistant Director of Advising + Registration Date