



CONTINUING EDUCATION

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

Course Waiver / Substitution Request Form

_____		_____	_____
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 courses 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 Student

Date

Office use only:

[] Approved [] Not approved for the following reason: _____

Signature of Assistant Director of Advising + Registration

Date