



Application for Exemption

School of Instructor Education

1155 East Broadway Vancouver, BC V5T 4V5

604-871-7000 ext. 7488 or 7499

SIE@vcc.ca

A course exemption may be granted if you can provide evidence of formally completing an equivalent course.

STEPS:

1. Read the Program Guide and identify the course you will be requesting an exemption. Check only one.

- | | |
|--|---|
| <input type="checkbox"/> PIDP 3100: Foundations of Adult Education | <input type="checkbox"/> EDUC 4150 Principles & Processes of eLearning |
| <input type="checkbox"/> PIDP 3210: Curriculum Development | <input type="checkbox"/> EDUC 4151 Design & Develop Interactive eLearning |
| <input type="checkbox"/> PIDP 3220: Delivery of Instruction | <input type="checkbox"/> EDUC 4152 Design & Develop an Online Course |
| <input type="checkbox"/> PIDP 3230: Evaluation of Learning | |
| <input type="checkbox"/> PIDP 3240: Media Enhanced Learning | |
| <input type="checkbox"/> PIDP 3250: Instructional Strategies | |
| <input type="checkbox"/> PIDP 3260: Professional Practice | |

2. Describe the equivalent course completed:

Course Name: _____

Institution Attended: _____ Location: _____

Total Hours: _____ Date of Completion: _____

Evaluation Process: _____ Grade Received: _____

3. Submit the following with this form to the SIE Department Head:

- Documents showing successful completion of equivalent course (i.e. transcripts, certificate of completion)
- Official course description of equivalent course.
- A cover letter in which the applicant describes the major course goals (outcomes) and major course topics.
- Include payment of \$50 assessment fee per request.

Student Information

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Last Name (Family Name)

.....
Student Number

.....
First Name

.....
Date of Birth (MM/DD/YYYY)

.....
Phone

.....
Email

Payment

You can pay by cheque, money order, Visa, MasterCard or American Express. Cash and debit cards are accepted in person only. A service charge for NSF or returned cheques will be assessed.

Payment Type: ☐ Visa ☐ MasterCard ☐ American Express

.....
Credit Card Number

.....
Expiry Date (Month/Year)

.....
Name on credit card (if different)

.....
Cardholder's Signature