



Education for a socially just world

Educator Licensure Advisory Council: ELAC COURSE WAIVER

Student's Name (full first name, middle initial, last name)

Student ID#	Date
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Licensure Program (field and grade level of license, i.e. "teacher of biology 5-12" or "school counselor PreK-8")

A waiver has been granted for the following

Course Number:

Course Title:

Rationale for the course waiver:

Attach supporting document (if needed):

Program Director or Program Coordinator: _____ Signature: _____ Date: _____

Student: Name: _____ Signature: _____ Date: _____