



APPLICATION FORM
for the

Online Professor Certificate Program

Name: _____

Position, Institution _____

Address: _____

Phone _____ Fax: _____ E-Mail: _____

Request for waiver from the classes based on Prior Training (PT) or Individual Skill Development (ISD).

Please list courses and indicate FOR EACH either PT (prior training) or ISD (individual skills development) and include appropriate documentation for prior training (copy of your certificate of completion or date/location training took place if no certificate available). In no case will credit be awarded by FCCU for the mentored online experience requirement.

Courses	Basis for Waiver
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed: _____ Date: _____

Please submit this signed form to:
Shannon Groff
Academic Coordinator
SIRIUS Project
FCCJ Kent Campus
3939 Roosevelt Blvd, Room B-0250
Jacksonville, FL 32205
Telephone: 904-381-3453/Fax: 904-632-3289
Email: sirius@fccj.edu