Course Substitution Request

DENVER SEMINARY®

Please reference the policies (such as, but not limited to, the Course Substitution policy) in the current Academic Catalog (available online at https://denverseminary.edu/academics/registrar/academic-catalogs/) to ensure you have a full and accurate understanding of potential impacts.

Student Information

Student Name: _____ Student ID: _____

Degree Program: _____ Concentration: _____

Email: _____ Phone: (_____) _____

Program-Required Denver Seminary Course for which Replacement Course Approval is Requested:

Course Number: _____ Course Title: _____ Credit Hours: _____

Course Requesting to be Substituted in its Place:

Course Number: _____ Course Title: _____ Credit Hours: _____

If you are needing a course(s) to count for missing credit(s), please clarify that request below:

Briefly state the reasons for your request and include how you have demonstrated sufficient proficiency in the required program course for which replacement is requested:

STUDENT SIGNATURE
Please verify your course substitution request by signing the form below:

Student Signature: _____ Date: _____

SUBSTITUTION SIGNATURE APPROVALS
I certify that the above student has demonstrated sufficient proficiency to have the above course waived and replaced with the requested substitute.

Department Chair Signature: _____ Date: _____

Registrar's Office Approval: _____ Date: _____

For Office	Date Received: _____ Degree Audit Adjusted: _____ Doc Uploaded: _____
Use Only	Processed by: _____ Student/Dept. Chair Notified: _____

Updated 10/14/21 HH