



MOODY THEOLOGICAL SEMINARY-MICHIGAN

Office of the Registrar

REQUEST FOR COURSE SUBSTITUTION

In order for one course to be substituted for another, a student must get the replacement approved by the academic dean, registrar, and appropriate faculty members. Core curriculum courses are required, and may not be substituted.

Student's Name: _____

Mailing Address: _____

City, State, Zip Code: _____

E-mail Address: _____ Phone: _____

Student's Signature _____ Date _____

Semester in which class will be taken: _____

Required Course number and name: _____

Replacement Course number and name: _____

Area of Study: _____ Number of Credit hrs: _____

Reason Why Course Replacement is Needed:

Advisor Signature: _____ Date: _____

Replacement Course Professor Signature: _____

Date: _____

This form may not be submitted electronically. Return completed form to the Office of the Registrar, 41550 E. Ann Arbor Trail, Plymouth MI 48170. Questions about this policy and procedure may be directed to the Office of the Registrar at 734.207.9581.

Office Use Only:

Action taken:

Academic Dean Signature: _____ Date _____

Registrar Signature: _____ Date _____