



Course Substitution 453.03

Instructions: This form shall be used by students who wish to substitute one Criswell College course for another. Please print and return the completed form with all signatures to the Registrar's office.

Please Print Clearly

Full Name: _____

Student ID Number: _____

Program Director: _____

Degree: _____

Semester: _____

I am requesting to substitute the following course(s)					
<input type="checkbox"/> Check here if a substitute course is an Acadeum Course					
Required Course			Requested Substitution		
Course ID	Course Title	Credit Hrs.	Course ID	Course Title	Credit Hrs.
Ex. SCI 100	Ex. Introduction to the Sciences	Ex. 3	Ex. SCI 206	Ex. Biology I	Ex. 3

Explanation (required): _____

Required Signatures (must be signed in the following order):

Student:

 Signature Date

Program Director:

(see list on back page)

 Signature Date

Registrar:

 Signature Date

OFFICE USE ONLY

Dir. AP Created Course in SONIS: Date _____ Registrar Entered in SONIS: Date: _____

Email to Student to Create Acadeum Acct.: Date _____ Acadeum Registration Request: Date _____ Acadeum Confirmation: Date _____

PROGRAM	PROGRAM DIRECTOR
Associate of Arts	Dr. Sarah Spring
Bachelor of Arts Biblical Studies	Dr. Kevin Warstler
Bachelor of Arts Christian Ministry	Dr. Stephen Sanders
Bachelor of Arts Ministry	Dr. Jeff Campbell
Bachelor of Arts Philosophy, Politics, & Economics	Dr. Brandon Seitzler
Bachelor of Arts Psychology	Dr. Steve Hunter
Bachelor of Science Education	Dr. Vickie Brown
Master of Arts Christian Leadership	Dr. Jeff Campbell
Master of Arts Christian Studies	Dr. Ty Kieser
Master of Arts Counseling	Dr. Steve Hunter
Master of Arts Theological & Biblical Studies	Dr. Ty Kieser
Master of Divinity	Dr. Jeff Campbell