

Course Substitution 453.03

Please Print (Clearly					
Full Name: Program Director:				Student ID Number: Degree:		
					lowing course(s)	
	Doguired (<u>t a substitute</u>	course is an	n Acadeum Course Requested Substitu	ution
Course ID	Required (Lourse	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
			-			,
Explanati	on (required):					
			 			
Required	Signatures (must be	signed in the f	following or	der):		
Student:		Signature			Date	
Program Director: (see list on back page) Registrar:		oigilacare			Duce	
		Signature			Date	
					В.	
		Signature			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. Bobby Worthington	
Bachelor of Arts Ministry	Dr. Jeff Campbell	
Bachelor of Arts Philosophy, Politics, & Economics	Dr. Brandon Seitzler	
Bachelor of Arts Psychology		
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		
Master of Arts Theological & Biblical Studies	Dr. Ty Kieser	
Master of Divinity	Dr. Jeff Campbell	