

# COURSE SUBSTITUTION FORM



THE SOUTHERN BAPTIST THEOLOGICAL SEMINARY  
SCHOOL OF THEOLOGY

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Program: \_\_\_\_\_

Phone: \_\_\_\_\_

Track: \_\_\_\_\_

Email: \_\_\_\_\_

Catalog Year of Program: \_\_\_\_\_

Off Campus Address/ On Campus Box #: \_\_\_\_\_

Reason for Substitution: \_\_\_\_\_

## **SBTS Course to Waive:**

<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>

## **Course Proposed for Substitution:**

<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>

\_\_\_\_\_  
Academic Advisor, Divisional Associate Dean, or School Dean/Representative (if necessary)

\_\_\_\_\_  
Senior Associate Dean, School of Theology

*The student must completely fill in all information. The student is responsible for acquiring signatures for approval. When needed the divisional Associate Dean or other School Representative must sign to approve before requesting the Senior Associate Dean's signature. Return form to the Senior Associate Dean's Secretary. Original: Academic Records, student file. Copies to: 1) Student, 2) School of Theology file.*