**MASTER’S COURSE SUBSTITUTION/WAIVER REQUEST**
Midwestern Baptist Theological Seminary
Registrar’s Office

Name: ____________________________ ID No: ____________________________

Campus Box/Other Address: ____________________________

Major: ____________________________ Anticipated Graduation Date: __________

Total Hours Completed: ____________ Total Hours Remaining: ____________

A course substitution or waiver must first be approved by a professor who normally teaches the course. If the course substitution or waiver is for a degree program **Foundational Core** course, it must also be approved by the Academic Policies Committee. If the course substitution or waiver is for a degree program **Emphasis course**, it must also be approved by the Academic Dean.

Obtain signatures for steps 1 and 2a or 1 and 2b below. This substitution/waiver is official only after this completed and signed form is received in the Registrar’s Office.

This request is for:  
☐ a course substitution  ☐ a course waiver

<table>
<thead>
<tr>
<th>Required MBTS Course:</th>
<th>Replacement or Substitution Course:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course No:</td>
<td>Course No:</td>
</tr>
<tr>
<td>Title:</td>
<td>Title:</td>
</tr>
<tr>
<td>Credit Hours:</td>
<td>Credit Hours:</td>
</tr>
</tbody>
</table>

☐ Check if this is or will be a **Transfer Course** and list the transfer school and term the course was or will be taken:

Reason(s) for requesting this substitution/waiver:

---

1. This substitution/waiver is:  ☐ approved  ☐ denied
   
   **Course Professor’s signature:** _______________________ date: __________

2a. Academic Policies Committee Action—for a **Foundational Core course** substitution or waiver:
   
   This substitution/waiver is:  ☐ approved  ☐ denied
   
   **Academic Policies Committee Meeting Date:** __________

OR

2b. Academic Dean Action—for an **Emphasis course** substitution or waiver:
   
   This substitution/waiver is:  ☐ approved  ☐ denied
   
   **Academic Dean’s signature:** _______________________ date: __________

Registrar’s Office Use: Date Received: __________ Received by: __________