



REQUEST FOR COURSE SUBSTITUTION

(RO-03/23)

Registrar's Office 200 High Street, Glenville. WV 26351 304-462-4117 Fax: 304-462-8619 registrar@glenville.edu

STUDENT: _____ GSU ID #: _____

ACADEMIC PROGRAM(S)
TO APPLY THIS REQUEST: _____

Definitions:

Substitution: A substitution is acceptable in lieu of a required course for a one-time exception.

Equivalency: A course completed through another institution that has been deemed to have a minimum 70% comparable/equal content and learning outcomes to a Glenville State University course. Will be added to the system and automatically accepted in transfer for GSU's course for all future students. **If there is a completed transfer course that you believe meets the listed criteria please see the *Request for Re-Evaluation of Transfer Credit Form* for more details and directions.**

SUBSTITUTION REQUESTED:

REQUIRED COURSE:
(Ex.: ENGL 101)

☐ COMPLETED (OR) ☐ COMPLETING:
_____ Semester _____ Year

Submissions must include an attached rationale for the request in order to be processed.
Rationale should include information on how this substitution request meets the general education or degree program's learning outcomes.

Student Signature

Date

Advisor Signature

Date

☐ Approved ☐ Denied

Department Chair Signature (of required course)

Date

☐ Approved ☐ Denied

Certification Analyst Signature

Date

☐ Approved ☐ Denied

VP for Academic Affairs Signature

Date

Rationale for any denied request(s): _____