



**REQUEST FOR
COURSE SUBSTITUTION**
(RO-04/24)

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

STUDENT: _____ **GSU ID #:** _____

**DEGREE 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

Rationale for request:

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): _____