

# KANSAS WESLEYAN UNIVERSITY

Enrollment and Financial Services, PH285, 100 E. Claflin, Salina, KS 67401

Telephone: (785) 827-5541, ext. 1260 FAX: (785) 404-1485 E-mail: finaid@kwu.edu

## COURSE SUBSTITUTION REQUEST

\_\_\_\_\_  
Student's Last Name                      First Name                      Student ID#                      KWU Box#

Request \_\_\_\_\_  
(Substitute Course Name and Number)

Offered at \_\_\_\_\_  
(Name of Institution where course is being/was taken)

Be accepted as a substitute for \_\_\_\_\_  
(Required Course Name and Number)

As Credit Toward: Major \_\_\_\_\_ Minor \_\_\_\_\_ Liberal Studies Requirement. \_\_\_\_\_

**NOTE:** Appeal Procedure: Should your course substitution requested be denied, you may appeal to the Academic Affairs Committee. Present the appeal in writing, stating clearly the reason for the appeal, to the Chair of the Academic Affairs Committee and leave the appeal with the Academic Dean's secretary within five days of the denial. You will be notified of subsequent events and decision. If you wish advice concerning this process, contact your advisor or Enrollment Services.

COMMENTS: (Advisor) \_\_\_\_\_

### SIGNATURES:

Advisor Signature \_\_\_\_\_  Approved  Disapproved Date: \_\_\_\_\_

Dept Chair Signature \_\_\_\_\_  Approved  Disapproved Date: \_\_\_\_\_

(Department that Teaches Required Course)

Div Chair Signature \_\_\_\_\_  Approved  Disapproved Date: \_\_\_\_\_

(For Your Academic Major)

EVP/Provost Signature \_\_\_\_\_  Approved  Disapproved Date: \_\_\_\_\_

Comments: \_\_\_\_\_

PLEASE RETURN THIS FORM TO ENROLLMENT & FINANCIAL SERVICES