

GREAT LAKES CHRISTIAN COLLEGE
Course Substitution/Waiver Form

Name of student: _____

Adviser: _____

Course to be substituted : _____
Course # and name

Substitution course: _____
Course # and name

Reason for substitution:

Approval:

Dr. John Nugent, VPAA

Date

_____ Adviser (initials)

_____ Registrar (initials)

Please fill out and return to Dr. Esther Hetrick, Registrar (make sure each person has signed off).