

**DEPARTMENT OF CONTINUING EDUCATION
COURSE SUBSTITUTION REQUEST**

A student may request that a course taken previously be substituted for a course that is offered in the Department of Continuing Education. In order for the request to be considered, the following conditions MUST be met:

- The course must be substantially similar to the course for which it is to be substituted;
- The student must have scored 70% [C-] or higher;
- The course must have been taken from an accredited institution or a national professional association;
- The course must have been taken at a national professional organization, certification, continuing education seminar or at the undergraduate, graduate or post-graduate level;
- This *Course Substitution Request* form must be completed in its entirety;
- An official transcript (for a course taken at a higher education institution) or an official certificate, letter or receipt (for a course taken from a national professional association) must be attached;
- An official description of the course must accompany this *Course Substitution Request* form, such as a course description, or preferably, a course syllabus.
- MAIL TO: Department of Continuing Education / Academy / One Academy Drive / Daphne, AL 36526 OR FAX TO: Director of Continuing Education at (251) 625-1035**

If the aforementioned conditions have been met, the request will be reviewed by the Continuing Education Committee. The student will be notified of the decision. All decisions of the committee will be final. If the committee approves the request, the student will be instructed to remit a processing fee of \$150 (USD) per course (List only one course per form, please - submit another form for an additional course). **Upon receipt of this payment, the course will be entered into the student's official academic record with a grade of "P" for "passing."**

STUDENT REGISTRATION INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	SOCIAL SECURITY #:
DAY PHONE:	NIGHT PHONE:	E-MAIL (Academy e-mail if previously enrolled):	
STREET ADDRESS:			
CITY:	STATE:	ZIP:	COUNTRY:

COURSE SUBSTITUTION INFORMATION	
NAME OF PREVIOUS INSTITUTION/ASSOCIATION:	
ADDRESS OF PREVIOUS INSTITUTION/ASSOCIATION:	
STREET:	CITY/STATE/ZIP:
PREVIOUS COURSE/CERTIFICATION INFORMATION (PLEASE COMPLETE ALL APPLICABLE FIELDS):	
COURSE#/TITLE:	SEMESTER/YEAR: # OF CREDITS: GRADE RECEIVED:
EQUIVALENT ACADEMY COURSE FOR WHICH PREVIOUS COURSE IS TO BE SUBSTITUTED:	
COURSE #/TITLE:	# OF CEUs:

FOR ACADEMY DEPARTMENT STAFF USE ONLY BELOW THIS LINE:

Approved: _____ Not Approved: _____ Dean of CE/PS
Signature/Date: _____ - ____ / ____ / ____