



Rockland Campus:
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Alliance Theological Seminary
335 Broadway / 93 Worth St
New York, NY 10013-3904
Fax (917) 237-0399

REQUEST FOR COURSE SUBSTITUTION

Name _____ Date _____

SS# _____

Degree _____ Ministry Emphasis _____

Required Course: _____
Course # Course Title

Desired Substitute: _____
Course# Course Title

Reason for substitution:

Student Signature

Advisor Signature

Signature of professor *currently* teaching required course

Signature of Program Director (MDIV/MPS; MA-Bib Lit; MA IC/MDIV Mission)

FOR OFFICE USE ONLY

Approval of Registrar Date

Approval of Dean Date