



WAIVER APPLICATION

Student's Name _____ Start Date _____

Address _____

Academic Year: _____ Anticipated Graduation Date: _____

I am requesting a waiver of the following course(s)

Title _____ Number _____

Title _____ Number _____

Title _____ Number _____

My reasons for applying for a waiver are:

Number of credits to be transferred _____

Transfer credits from another seminary _____

Transfer credits from a denominational training program _____

Completed clinical pastoral education (CPE) program _____

Non-theological/theological studies credit _____

Please state why the course previously listed should be waived.

Courses to be transferred

Title _____ Number _____

Title _____ Number _____

Title _____ Number _____



Student's Signature _____ Date _____

F O R O F F I C E U S E

Date Received _____ Staff Initials _____

Date Completed _____ Staff Initials _____

Wavier approved: _____ Yes _____ No

Course(s) Waived/Transferred

Title _____ Number _____

Reasons for denial or waiver/transfer

Academic Advisor's Signature _____