

Course Substitution Request Form



Disability Resource Center

204 North Lexington Avenue, Wilmore, Kentucky 40390 | 800.2ASBURY | asburyseminary.edu
859.858.2188 | fax: 859.858.2021 | student.services@asburyseminary.edu

STUDENT NAME

STUDENT ID#

PHONE

EMAIL

ACADEMIC PROGRAM

REQUIRED COURSE CODE AND NAME

SUBSTITUTE COURSE CODE AND NAME

1. Documentation attached relevant to the request, demonstrating the following disability-related need for the substitution:

2. Justification regarding why the request is considered reasonable:

3. Supporting evidence, based upon research and best practices in higher education, that the same objective of a major, minor, or program of study can be satisfied by an alternate course (provide overview below, and attach relevant documents):

Request granted

Request not granted due to _____

STUDENT SIGNATURE

DATE

STUDENT'S ADVISOR

DATE

DEAN OF REQUIRED COURSE

DATE

DEAN OF SUBSTITUTED COURSE

DATE

DISABILITY RESOURCE CENTER REPRESENTATIVE

DATE