ANDOVER NEWTON
Theological School

WAIVER AND SUBSTITUTION FORM

Social Security Number: -- -- ID#_____

Last Name: _____

First Name: _____ Middle Name: _____

Students are responsible for meeting all degree requirements listed in the Catalog unless substitutions and waivers are approved by the head of the department. A substitution must be specified for each waiver. ***Once the dept. head signs this waiver please return it (student or prof.) to the Registrar.***

I hereby waive and approve substitutions for the following courses:

A.N.T.S. REQUIRED COURSE	**SUBSTITUTE COURSE** *(DO NOT LEAVE BLANK)*	**SIGNATURE OF DEPARTMENT HEAD**	**DATE**