

United Lutheran Seminary

Request for Course Waiver or Advanced Standing

Student Name: _____

Course information (#, name, credits): _____

Basis of competency determination (examination, papers, etc.): _____

Examination fee of \$125 per credit must be paid prior to the competency determination.

Student signature/date: _____

Faculty signature/date: _____

Registrar signature/date: _____

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Results of competency determination:

_____ Course waiver with _____ credits¹

_____ Course waiver without credit²

_____ Advanced standing granted for _____ credits³ (give details for applying credits to requirements/electives)

_____ No waiver or advanced standing granted

Faculty signature/date: _____

Dean signature/date: _____

¹ Applicable for testing out of a specific required course based on superior competency

² Applicable when a student has sufficient competency to waive this course, but the number of credits should still be required in the field of study (for example, waiving an introductory course but requiring the credits in another course in that field)

³ Applicable when a student has demonstrated competency and knowledge in a field of study; multiple courses may be waived (although limits apply).