



Continuing Education Course Substitution Request

A student may request that a course taken previously be substituted for a course that is offered in the Academy's Continuing Education program. In order for the request to be considered, the following conditions **MUST** be met:

- The course must be similar to the course being substituted;
- The student must have scored 70% [C-] or higher;
- The course must have been taken from an accredited institution or a national professional association;
- The course must have been taken at the undergraduate, graduate or post-graduate level;
- This form must be completed in its entirety;
- An official transcript must be provided (for a course taken at a higher education institution) or an official certificate, letter or receipt (for a course taken from a national professional association) must be attached;
- An official description of the course must accompany this form, along with a course description or preferably, a course syllabus.
- MAIL: Continuing Education / United States Sports Academy / One Academy Drive Daphne, AL 36526. FAX: (251)- 447-0366. Scan and email: continuinged@ussa.edu.

If the above conditions have been met, the request will be reviewed and the student will be notified of the decision. All decisions are final. If the request is approved, the student will be instructed to remit an administrative processing fee equivalent to the **current listed price for the course** (per course). List one course per form. You must submit a new form for each course. **Upon receipt of payment, the course will be entered into the student's official academic record with a grade of "P" for "passing."**

STUDENT REGISTRATION INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	DAY PHONE:
EVENING PHONE:	CELL PHONE:	EMAIL:	
STREET ADDRESS:			
CITY:	STATE:	ZIP:	COUNTRY:
COURSE SUBSTITUTION INFORMATION			
NAME OF PREVIOUS INSTITUTION/ASSOCIATION:			
ADDRESS OF PREVIOUS INSTITUTION/ASSOCIATION:			
STREET:		CITY/STATE/ZIP:	
PREVIOUS COURSE/CERTIFICATION INFORMATION (PLEASE COMPLETE ALL APPLICABLE FIELDS):			
COURSE NUMBER/TITLE:		SEMESTER/YEAR:	
# OF CREDITS:		GRADE RECEIVED:	
EQUIVALENT ACADEMY COURSE FOR WHICH PREVIOUS COURSE IS TO BE SUBSTITUTED:			
COURSE #/TITLE:		# CEUs:	

FOR ACADEMY DEPARTMENT STAFF USE ONLY BELOW THIS LINE:

Approved: _____ Not Approved: _____

Signature / Date: _____ - ____/____/____

Director of Continuing Education