



GATEWAY SEMINARY

Biblical • Missional • Global

Office of the Registrar
3210 E. Guasti Road • Ontario, CA 91761
909.687.1468 (phone) • 909.687.1593 (fax)
registrar@gs.edu

Request to Bypass Required Course

Last Name: _____ First Name: _____ ID #: _____

Campus: AZC BAC ONLN ONT PNWC RMC

Phone: (____) _____ - _____ Email: _____

Degree: DPTH DPEL MACC MAIS MMISS MTS

MAEL - Concentration: _____ MDIV - Concentration/Advanced Track: _____

Course to be Bypassed: _____

College/University attended: _____

List all previous courses in this field of study if applicable. For example, if requesting a bypass for an OT course, list all OT courses previously taken, including any outside of the GS system. Include all requested information. Use the back of this form for further course description as needed.

Submit completed form to the appropriate Department Chair.

| Course Name | Beginning or Advanced | Term project req.? | Texts Used | Professor | Sem. Credit hours | Year/Term completed | Grade |
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Approved Course to substitute for bypassed course: _____
Comments:

Not approved Student must take required course.
Comments:

Department Chair: _____ Date: _____

REGISTRAR OFFICE USE ONLY

Date processed: _____ Initials: _____