

## Course Substitution Approval Form

Student Name:		Student ID#:	
Degree:		Concentration/ Area of Study:	

### Course Substitution Information

*Original Course:		Proposed Course:	
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Please check the appropriate circle. I would like to substitute the above proposed course for:

A required course in my degree\*

Students who are requesting a substitution for a **required course** in their degree should submit the completed form to the Registrar's Office ([registrar@dts.edu](mailto:registrar@dts.edu)) for processing.

An elective course in my degree\*

Students who are requesting a substitution for an **elective course** in their degree should submit the completed form to the Advising Office ([advising@dts.edu](mailto:advising@dts.edu)) for processing.

### Substitution Rationale

Please explain how the proposed course will best prepare you for ministry.

**NOTE:** A listed rationale is required for the form to be processed.

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Student Signature

Date

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Advisor Signature

Date

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Department Chair Signature

Date