

# Course Substitution Approval Form

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Degree: \_\_\_\_\_ Emphasis/Concentration: \_\_\_\_\_

**Original Course\***

**Proposed Course**

\_\_\_\_\_

\_\_\_\_\_

**Please check appropriate circle:**

**For a required course in your degree...\***

If you have prior experience or training, see Department Chair for approval and signature. **Submit to Registrar's Office.**

**For an elective course in your degree...\***

See Emphasis or Concentration Advisor or Department Chair for approval and signature. **Submit to Academic Advising Center.**

**Explain how the proposed course best prepares you for ministry?\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\*\*Rationale is required. Incomplete form will not be processed.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Emphasis/Concentration Advisor Signature**

\_\_\_\_\_  
**Department Chair Signature**