

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?*

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

Student Signature

Date

Emphasis/Concentration Advisor Signature

Department Chair Signature