

Substitute course MUST have been taken at EC

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Emphasis: \_\_\_\_\_ Email: \_\_\_\_\_

Class:  Fr  So  Jr  Sr Catalog/Degree Plan Year: \_\_\_\_\_

Example: THEO 2320 (Apologetics) TAKEN Fall 06 FOR REL 2320 (Intro. to Christian Theology I)

1. \_\_\_\_\_ TAKEN \_\_\_\_\_ FOR \_\_\_\_\_  
(Substitute Course #/Ti t le) (Sem/Year) (Required Course #/Title)

Applies to:  Major  Minor  Concentration  Emphasis  General Education

Rationale: \_\_\_\_\_

2. \_\_\_\_\_ TAKEN \_\_\_\_\_ FOR \_\_\_\_\_  
(Substitute Course #/Ti t le) (Sem/Year) (Required Course #/Title)

Applies to:  Major  Minor  Concentration  Emphasis  General Education

Rationale: \_\_\_\_\_

3. \_\_\_\_\_ TAKEN \_\_\_\_\_ FOR \_\_\_\_\_  
(Substitute Course #/Ti t le) (Sem/Year) (Required Course #/Ti t le)

Applies to:  Major  Minor  Concentration  Emphasis  General Education

Rationale: \_\_\_\_\_

Signed/Approved By: \_\_\_\_\_  
Academic Advisor Date

\_\_\_\_\_  
Department Chair of Major Date

Other signatures needed as determined by the Department Chair /Vice President of Academics:

\_\_\_\_\_  
Authorization for #1 Date

\_\_\_\_\_  
Authorization for #2 Date

Ecclesia College

**COURSE SUBSTITUTION REQUEST**

*Registrar's Office*

---

Authorization for #3

Date