



Request for Substitution: BST Required core Course or Required Elective

Obtain approval from your Academic Advisor. Submit the completed form to the BST Registrar

Student Name \_\_\_\_\_

Date \_\_\_\_\_

> Listed below are the BST Core Requirements. Put a check mark by the course for which you are requesting a substitution or that you wish to take from a non-BST professor:

- |   |  |
|---|--|
| <input type="checkbox"/> Old Testament Introduction (3.0)                     | <input type="checkbox"/> Field Education (3.0)                   |
| <input type="checkbox"/> New Testament Introduction (3.0)                     | <input type="checkbox"/> Field Education (3.0)                   |
| <input type="checkbox"/> Using Biblical Languages (3.0)                       | <input type="checkbox"/> Worship in Free Church Traditions (3.0) |
| <input type="checkbox"/> Church History (Early, Reformation, or Modern) (3.0) | <input type="checkbox"/> Ministry of Preaching (3.0)             |
| <input type="checkbox"/> Theology Introduction (3.0)                          | <input type="checkbox"/> Pastoral Care (3.0)                     |
| <input type="checkbox"/> Ministry Introduction (3.0)                          | <input type="checkbox"/> Constructive Theology (3.0)             |

> Listed below are the BST Electives in Required Areas. Put a check mark by the course for which you are requesting a substitution:

**Bible**

- Old Testament (3.0)
- New Testament (3.0)

**Church History**

- (Early, Reformation, or Modern; the 2 periods not taken for core requirement) (6.0)

**Theology Ethics**

- Systematic, Historical or Philosophical (3.0)
- Ethics or Religion Society (3.0)

**Practice of Ministry & Functional Theology**

- Christian Education (3.0)
- Electives (GTU Areas 5-7 and FT) (6.0)

List the course you want to substitute for the BST/ core course or for a required elective.

Course Number \_\_\_\_\_ GTU School: \_\_\_\_\_

Course Title: \_\_\_\_\_

Professor: \_\_\_\_\_

Comments. *Please explain the reason(s) for requesting this substitution, including any special conditions related to the substitution.*

BST Faculty Advisor Approval Signature: \_\_\_\_\_

Academic Dean's Signature: \_\_\_\_\_

\_\_\_ Request Approved                      \_\_\_ Request Denied    Date: \_\_\_\_\_