



ASSEMBLIES of GOD  
THEOLOGICAL  
SEMINARY  
at Evangel University

## Course Substitution Request

**Registrar's Office**

1435 N. Glenstone Ave.

Springfield, MO 65802

Phone (417) 268-1025, Fax (417) 268-1030

[records@agts.edu](mailto:records@agts.edu)

**Full Name (Please Print)** \_\_\_\_\_  
*first middle last*

**Student Number** \_\_\_\_\_

**Degree Program** \_\_\_\_\_

**Course Required** \_\_\_\_\_

**Course Substituted** \_\_\_\_\_

**Reason/Comment** \_\_\_\_\_

***Instructions: Sign form and obtain your advisor's signature before submitting to the Registrar's Office.***

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Academic advisor's signature \_\_\_\_\_ Date \_\_\_\_\_

**To be processed by Registrar's Office:**

Registrar's signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean's signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only**

**Deg. Audit Coord.** \_\_\_\_\_