


KENT STATE UNIVERSITY
SCHOOL OF LIBRARY AND INFORMATION SCIENCE

Request for Substitution of Required Course
(Must be typed or printed legibly)

Student Name _____ Date _____

Course for which substitution is requested: _____

Course to substitute for required course: _____

Reasons for Request:

Student's Signature _____

Comments:

___ I have reviewed this request and agree _____
(Instructor for Required Course) (Date)

___ I have reviewed this request and agree _____
(Advisor) (Date)

___ I approve this request _____
(Director) (Date)