KENT STATE UNIVERSITY

SCHOOL OF LIBRARY AND INFORMATION SCIENCE

Request for Taking a Course Out of Sequence
(Must Be Typed or Printed Legibly)

Student Name_____ Date_____

Requested Course(s): _____

_____

Reasons for Request:

Have you at least one year of work experience in the subject area? If yes, please provide documentation.

OR

Have you taken another course similar in content to the prerequisite course? If yes, provide course number and catalog description.

OR

Other reasons.

Student's Signature _____

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Comments by Advisor:

___I have reviewed this request and agree_____
(Advisor) (Date)

Comments by instructor:

___I have reviewed this request and agree_____
(Instructor) (Date)

___I approve this request_____
(Director) (Date)