KENT STATE UNIVERSITY

SCHOOL OF LIBRARY AND INFORMATION SCIENCE

Request for Exemption from a Required Course
(Must be typed or printed legibly)

Student Name_____ Date_____

Course(s) for which exemption is requested: _____

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 one from which you are requesting exemption? If yes, provide course number and catalog description.

Student's Signature _____

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)

Revised 08/29/2007