

Department of Biological Sciences

Kent State University

Course Substitution & Waiver Approval

Student Name: _____ Date: _____

Student ID#: _____

This request is for: ☐ Course Substitution ☐ Course Waiver

Course for which substitution/waiver is requested: _____

Reason for substitution/waiver (be specific): _____

If you request this waiver/substitution because you already took a similar course, please provide sufficient information such as the school where you took the course, course ID #, grade you received and/or the syllabus. Such information will help the GSC when considering your request.

Guidance Committee Signatures:

Committee Approval

Print Name: _____ (Advisor) Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Graduate Coordinator Approval

Printed Name: _____ Signature: _____ Date: _____