

Kent State University
Department of Biological Sciences
Master of Arts

Course Substitution & Waiver Approval

Student Name: _____ Date: _____

Student ID#: _____

This request is for: ☐ Course Substitution ☐ Course Waiver

MA Concentration: _____

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 when considering your request.

Approval

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