

Department of Biological Sciences
Kent State University
Course Substitution & Waiver Approval

Student Name:_____

Student ID#:_____

Date:_____

Course for which substitution/waiver is requested:_____

Reason for substitution/waiver (be specific):_____

Guidance Committee Signatures:

Advisor Printed Name:_____ Signature:_____ Date:_____

Committee Approval

Printed Name:_____ Signature:_____ Date:_____

Printed Name:_____ Signature:_____ Date:_____

Printed Name:_____ Signature:_____ Date:_____

Graduate Coordinator Approval

Printed Name:_____ Signature:_____ Date:_____