Request for Substitute Credit
UI Coursework

_____   _____
Student Name   Date of Request

Requests credit for:

_____   _____   _____
Course Number   Course Title   Semester Hours

_____
Department

As an elective [ ]
    or
In substitution of:

_____   _____   _____
Course Number   Course Title   Semester Hours

Comments:

_____   _____   _____   _____
Faculty Advisor Signature   Approved   Denied   Date

_____   _____
Student Signature   Date

Please Note: This form should be placed in the student's file in the main SLIS office.