



Request for Substitute Credit  
UI Coursework

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Request

Request 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.**