

NAME: _____ DATE: _____

-LEISURE STUDIES COURSE WAIVER REQUEST-

Course Waived

Course Number: _____

Course Title: _____

Course Substituted

Course Number: _____

Course Title: _____

Course Grade: _____

Academic Institution: _____

Course Description: _____

Approvals

	APPROVE (YES/NO)	DISAPPROVE (YES/NO)	NAME (PRINT)	SIGNATURE
ADVISOR				
COURSE INSTRUCTOR				
LEIS CHAIR				