LEISURE STUDIES COURSE WAIVER REQUEST

LS Course

Course Number

Course Title

Course Substitution

Course Number

Course Title

Course Grade

Academic Institution

Course Description*

Advisor      LS Course Instructor       LS Chair

Approve       ___    ___                         ___

Disapprove    ___    ___                         ___

Signature       __________    __________       __________
Name: __________________________________________