San JosŽ State University - Department of Kinesiology Review of KIN Coursework From Other Institution and Substitution Request

Student Information					
Student Name					
SJSU ID#					
Student D/CSail					
Course Information From Previous I	Institution As	Shown On My	SJSU Transfe	r Credits	
Name of Institution					
Course Prefix, Number, and Name					
Semester/Year Completed and Grade	(C- or Better)				
Information For Corresponding Cou	rse at SJSU				
Course Prefix, Number, and Name					
Name of Instructor Reviewing Course	Syllabus				

Instructor of Corresponding Course at SJSU's Written Explanation in Approving or Denying Substitution Request After Reviewing Course Syllabus From Other Institution

Signatures of Approval via DocuSign