The Pennsylvania State University  
School of Information Sciences and Technology  
Course Substitution Request Form for 2 IST Students

**Instructions:** Consult with your adviser before completing this form. With your adviser’s support, submit this form to the School of IST, Undergraduate Programs Office, 006 Thomas Building University Park, PA 16802. You will be notified by e-mail of the Associate Dean’s decision.

Student’s Name ____________________________ Penn State ID # __________________

Major: 2 IST  
Semester Standing __________

Option: _______________________________  
E-mail Address ___________________@psu.edu

1. Substitute ________________________________ for required course ________________________________  
   (no. of credits)  (no. of credits)

NOTE: Course substitutions for IST 110, 210 and 220 for students in joint minor ONLY. Please submit a syllabus with all course substitutions for IST 110, 210 or 220.

2. Substitute ________________________________ for required course ________________________________  
   (no. of credits)  (no. of credits)

   ☐ General Education  ☐ Option Requirement
   ☐ Major Requirement  ☐ Other _______________________
   ☐ Intercultural and International Competence  ☐ Other _______________________

Justification ____________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student Signature ____________________________ Date __________

Adviser Recommendation ____________________________
____________________________________________________________________________________
____________________________________________________________________________________

Adviser Signature ____________________________ Date __________

E-mail Address ___________________@psu.edu  Phone ____________________________

☐ Approved  Comments ____________________________

☐ Denied  ____________________________

Associate Dean Signature ____________________________ Date __________

ISIS process date ______