

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

**Student Information**

Student Name	
SJSU ID#	
Student Email Address	
Student Signature via DocuSign	

**Course Information From Previous Institution As Shown On MySJSU Transfer Credits**

Name of Institution	
Course Prefix, Number, and Name	
Semester/Year Completed and Grade (C- or Better)	

**Information For Corresponding Course 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**

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**Signatures of Approval via DocuSign**

Instructor of Corresponding Course at SJSU	
KIN Undergraduate Advising Manager	
KIN Undergraduate Coordinator	