

INFORMATION ARCHITECTURE AND KNOWLEDGE MANAGEMENT

Alternate Course Request for the M.S. in IAKM

** Course must be a graduate-level course (course number must begin with a 5 or a 6) **

**** You MUST attach a course syllabus to this request. ****

Student Name: _____

Student ID: _____

Date of Request: _____

I request approval for the following course to count toward the IAKM degree even though it is not listed as part of the original curriculum:

Dept. Abbr. **Course Number** **Course Title** **Credit Hours**

Semester/Year

Course Description (available from the Graduate Catalog)

This course is relevant to my academic and career goals because:

_____ I approve this alternate course request.

It will count in the following concentration: _____

_____ I do not approve this alternate course request

Program Director

Date