

HAMILTON COLLEGE

APPLICATION FOR INDEPENDENT COVERAGE OF COURSE WORK

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Name and Class Year: \_\_\_\_\_

Course to be Covered: \_\_\_\_\_  
(Course Number and Title)

Reason for covering the course independently: \_\_\_\_\_

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Applicable Period: \_\_\_\_\_ (Term) \_\_\_\_\_ (Year)

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form to the Office of the Dean of Students.**

Reviewed by the Committee on Academic Standing on \_\_\_\_\_

Approved \_\_\_\_\_ Associate Dean

Disapproved \_\_\_\_\_

Copies to: Registrar, Dean's Office, Instructor, Advisor, Student