HAMILTON COLLEGE
APPLICATION FOR INDEPENDENT COVERAGE OF COURSE WORK

Name ________________________________
Class Year ____________________________ Student ID# __________________________
Course to be Covered: ____________________________
(Course Number and Title)
Reason for covering the course independently: ________________________________
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