

HAMILTON COLLEGE

APPLICATION FOR INDEPENDENT COVERAGE OF COURSE WORK

Name and Class Year: _____

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