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