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: ________________________________ (Year)

          (Term)

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