HAMILTON COLLEGE
APPLICATION FOR INDEPENDENT COVERAGE OF COURSE WORK
Please print clearly!

____________________________________________________________________________________

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