

**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