

Substitution of Hours Requested

The following criteria must be met before study hour substitutions will be made. Confirmation of signatures will be obtained via telephone calls or faxes to the instructors.

Student Name: _____ Student ID: 960 _____

Course CRN: _____ Course Name: _____

Circle Days Course Meets: M T W Tr F Time: _____

Instructor Office conferences (4 required):

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

Study Hall/SSC Small Group Tutoring/Departmental Labs (6 hours required):

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature