## Alternative Study Hour Request Form This form must be submitted for each missed study session to Koldus 224 (Care of: NPHC Development Officer)



This form should be only be completed if you are unable to attend NPHC study hours on Sundays 6 pm-9 pm in the Military Sciences Building (Trigon  $2^{nd}$  floor or you are NCAA university athlete). Please complete the form in its entirety.

Requestor Name:			
(Last N	lame)	(First Name)	(M.I.)
Date:	UIN:	Phone Number:	
Must select one of the followi	ng options:		
	Reason for alter	native study hours	
*(if you check this bo NCAA university athle (Please have the Ass Utilizing supplemental Meeting with instructo	ox, you must offer an alternate ete sociate Athletic Director of A instruction at offered study	cademic Services sign all documents <b>y hour time</b>	
By signing as service provid	er, I understand I am statiı	ng all information on this form is	accurate.
Printed Name of Service Prov	rider:		
Signature of Service Provider	:		
Title of Service Provider:		Service Provider Phone Numbe	er:
Date of Study:	Time In:	Time Out:	
Additional Comments (Pleas	se explain in detail)		
Please use my signature belo understand I can be held acc	0	at the aforementioned informati ormation on this form:	on is correct. I also
(Signature of Requestor)			
NPHC Executive Board Use Or	nly		

- □ Request granted
- □ Further information is needed
- □ Denied request: (Reason\_