



### Alternative Study Hour Request Form

This form must be submitted for each missed study session to Koldus 224  
(Care of: NPHC Development Officer or Advisor)

*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<sup>nd</sup> floor or you are NCAA university athlete). Please complete the form in its entirety.*

Requestor Name: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Date: \_\_\_\_\_ UIN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Must select one of the following options:

*Reason for alternative study hours*

- Work schedule does not provide opportunity to attend offered NPHC study hours**  
\*(if you check this box, you must offer an alternative option)
- NCAA university athlete**  
(Please have the Associate Athletic Director of Academic Services sign all documentation)
- Utilizing supplemental instruction at offered study hour time**
- Meeting with instructor for further instruction**
- Paid tutoring services** (Please attach a receipt copy)

**By signing as service provider, I understand I am stating all information on this form is accurate.**

Printed Name of Service Provider: \_\_\_\_\_

Signature of Service Provider: \_\_\_\_\_

Title of Service Provider: \_\_\_\_\_ Service Provider Phone Number: \_\_\_\_\_

Date of Study: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

**Additional Comments (Please explain in detail)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use my signature below as a stated agreement that the aforementioned information is correct. I also understand I can be held accountable for any false information on this form:**

\_\_\_\_\_  
(Signature of Requestor)

**NPHC Executive Board Use Only**

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