

Alternative Study Hour Request Form



This form must be submitted for each missed study session to Koldus 224 *Please complete the form in its entirety or the form will not be accepted.*

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 2nd floor) or you are NCAA university athlete. Multiple dates can be submitted on one form if the provider is the same; must be from a valid source, it will be verified by the OFSL Graduate Assistant.

Requestor Full Name:		
Today's Date:	Phone Number:	UIN:
Must select one of the foll	owing options:	
	Reason for alte	rnative study hours
*(if you check thi NCAA university at (Please have the Utilizing supplement Meeting with instru	s box, you must offer an alternathlete	Academic Services sign all documentation) ly hour time
Printed Name of Service F	rovider:	
Title of Service Provider:		Service Provider Phone Number:
Date(s) of Study:		
Time(s) In:		Time(s) Out:
Service Provider Commo	ents (ex. Tutors bi-weekly, clie	ent leaves early, etc.):
		ng all information on this form is accurate.
Signature of Service Provi	der:	
	here as a stated agreement that accountable for any false info	at the aforementioned information is correct. I also ormation on this form:
Signature of Requestor:		
NPHC Executive Board Us Request granted Further information Denied request: (Re	•	