

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 alternative st	tudy hours
*(if you check thi NCAA university at (Please have the Utilizing supplemen Meeting with instru	s not provide opportunity to attend off s box, you must offer an alternative optio chlete Associate Athletic Director of Academic tal instruction at offered study hour to ctor for further instruction es (Please attach a receipt copy)	on) e Services sign all documentation)
Printed Name of Service F	rovider:	
Title of Service Provider:		
Date(s) of Study:		
Time(s) In:	Time(s) Out:	Total number of hours:
Service Provider Comme	ents (ex. Tutors bi-weekly, client leaves	s early, etc.):
By signing as service pro	vider, I understand I am stating all inf	formation on this form is accurate.
Name of Service Provider	Representative:	
Signature of Service Provi	der Representative:	
• 0	here as a stated agreement that the afo accountable for any false information	prementioned information is correct. I also a on this form:
Signature of Requestor:		
NPHC Executive Board Use Request granted Further information Denied request: (Ref	is needed)