SHERMAN COLLEGE OF CHIROPRACTIC

Request for Independent Study and Override of Course Prerequisite

Instructions: Student completes this form, except for the gray portions reserved for faculty and deans, and submits it to the instructor(s) of the requested course(s) for review. After the dean's review & decision, the registrar will email the student instructor(s) of the requested course(s) for review. After the dean's review & decision, the registrar will email the student instructor. Course to I.S. Day to be Imme Decision Signature Approve / Deny Faculty Approve / Deny Dean Paperove / Deny Dean Paperove / Deny Dea	Student	t (print name):			Terr	n for Requests:	Year:				
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Student's Signature: Date:	•					Date					

SHERMAN COLLEGE OF CHIROPRACTIC

Show Your Course Plan Below Including Conflicts:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 –					
8:50					
9:00 –					
9:50					
10:00 -					
10:50					
11:00 -					
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