



6. Please indicate in the space provided, how many additional hours per week are required to complete the above?

7. How long will you need additional hours?

(NOTE: The end date is the due date of your final assignment / exam for this semester.)

Start Date

End Date

8. Students Signature

Please sign and date this form:

Student Signature

Date

9. Director's Approval

Number of hours: _____

Commencement and Completion Dates: _____

Signature

Date