Consent of Instructor

HLGU
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Phone: 573-629-3046 fax: 573-221-4293
Email: registrar@hlg.edu
www.hlg.edu/academics/registrar.php

Name _____ Student ID #_____

Term: ❑ Fall ❑ Spring ❑ Summer Academic Year: _____

Rationale:_____

_____

Course name and number _____

Student Signature _____ Date____/____/____

Instructor Signature _____ Date____/____/____

Advisor Signature _____ Date____/____/____