

RECITATION/DESIGN HOUR ALTERNATE PLAN

Student Name: _____

TCNJ ID#: _____

Instructor: _____

Course No. _____

Course Name _____

Reason for Alternate Plan: _____

Fulfillment of Alternate Plan: _____

Instructor's Signature & Date

Student Signature & Date

Advisor's Signature & Date

Approval:

Chairperson

Date