

GRADUATE STUDENT TUTORIAL AUTHORIZATION FORM

Student Information

Last Name	First Name	Middle	Student ID # or SSN
Address			Home Phone
City	State	Zip	Work Phone
Email			Cell Phone
Program		Anticipated Completion Date	Advisor
Reason for Rea	<u>quest</u>		
Faculty Autho	rization*		
*Note: Please c	uttach a current syllabu	us with noted modification for a	this tutorial
Term Sun	nmer A 🗌 Summer	B 🗌 Fall 🗌 Spring	20
Course (prefix	, number, & title)		
Student Credits	Recommended	d Teaching Credits #	of Planned Meetings w/ Student
Instructor _	Name		Signature
Program Director			
	Name		Signature
Chairperson _	Name		Signature
Dean	Name		Signature
Office of Regis	tration and Records A	Action	
Registration Co			
	Date		Signature