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 Request

Faculty Authorization*

***Note:** Please attach a current syllabus with noted modification for this tutorial*

Term ☐ Summer A ☐ Summer B ☐ Fall ☐ Spring 20_____

Course (prefix, number, & title) _____

Student Credits_____ **Recommended Teaching Credits**_____ **# of Planned Meetings w/ Student**_____

Instructor _____ (Name) _____ (Signature)

Program Director _____ (Name) _____ (Signature)

Chairperson _____ (Name) _____ (Signature)

Dean _____ (Name) _____ (Signature)

Registrar's Office Action

Registration Completed _____ (Date) _____ (Signature)