



# 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** \_\_\_\_\_

<b>Instructor</b>	_____	_____
	Name	Signature

<b>Program Director</b>	_____	_____
	Name	Signature

<b>Chairperson</b>	_____	_____
	Name	Signature

<b>Dean</b>	_____	_____
	Name	Signature

## Registrar's Office Action

<b>Registration Completed</b>	_____	_____
	Date	Signature