APPLICATION For TUTORIAL STUDY

Name_____ ___ ☐Graduate   ☐Undergraduate

Date of Application_____/_____/_____   Department_____

Date of Study: From_____/_____/_____   To_____/_____/_____

Course Number_____   Course Title_____

Credit Hours_____   Signature of Study Director_____

Reason for taking this course on a tutorial basic:

Plan for faculty-student conferences: (Indicate time and place of conferences. These must be regularly scheduled for not less than one-half hour weekly for a 2 or 3 semester hour class.)

Student's study plan:

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Approval:

Department Head_____ Date_____/_____/_____

Dean_____ Date_____/_____/_____