**REGISTER FOR A TUTORIAL IN A DEPARTMENT OR PROGRAM (40000)**

Semester ___ I ___ II ___ Summer* ___ Year ________

**FOR THE STUDENT …**

Name: ____________________________________  Student ID: _________________________

Class Year: _______  Campus Box: ___________  Cell/Room Phone: ___________________

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course # (5 digit)</th>
<th>Sect # (2 digit)</th>
<th>Course Credit</th>
<th>Instructor (please print)</th>
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<tr>
<td></td>
<td>40000</td>
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Brief description of the subject of the tutorial

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

**FOR THE INSTRUCTOR OFFERING THE TUTORIAL …**

The student identified above wishes to register for the tutorial (40000) described above under your supervision. If the student receives your approval, that of the department or program chair, and that of his or her adviser, the student will be enrolled. *Your signature indicates your approval for this registration.*

This tutorial will be used as a substitute for course number: ______________________

Signature: ____________________________  Date: ____________________________

**FOR THE DEPARTMENT OR PROGRAM CHAIRPERSON …**

The student identified above wishes to register for the tutorial (40000) described above under the supervision of a member of your department or program. *Your signature indicates your approval for this arrangement.*

Signature: ____________________________  Date: ____________________________

**FOR THE FACULTY ADVISER …**

The student identified above wishes to register for the tutorial (40000) described above. *Your signature indicates your approval for this arrangement.*

Signature: ____________________________  Date: ____________________________

* **SUMMER SESSION TUTORIALS** must be approved in advance by the Dean for Curriculum and Academic Engagement.

Signature: ____________________________  Date: ____________________________

**PLEASE RETURN COMPLETED, SIGNED FORM TO THE OFFICE OF THE REGISTRAR.**