TUTORIAL REQUEST FORM

DATE: ______________________

STUDENT NAME: ______________________

W&J ID NUMBER: ______________________

MAJOR: ______________________

TUTORIAL WILL BE TAKEN: Semester: ______ Year: ______

DEPARTMENT AND COURSE NUMBER: ______________________

TITLE: ______________________

TUTORIAL TAUGHT BY PROFESSOR: ______________________

APPROVALS

PROFESSOR: ______________________ DATE: ____________

Signature

DEPT. CHAIR: ______________________ DATE: ____________

Signature

DEAN’S OFFICE: ______________________ DATE: ____________

Signature

Please print name

Please print name

Please print name

CC: Registrar’s Office