



TUTORIAL REQUEST FORM

DATE: _____

STUDENT NAME: _____
Last First M.I.

W&J ID NUMBER _____ MAJOR: _____

TUTORIAL WILL BE TAKEN: Semester: _____ Year: _____

DEPARTMENT AND COURSE NUMBER: _____

TITLE: _____

TUTORIAL TAUGHT BY PROFESSOR: _____

APPROVALS

PROFESSOR: _____ DATE: _____
Signature

Please print name

DEPT. CHAIR: _____ DATE: _____
Signature

Please print name

DEAN'S OFFICE: _____ DATE: _____
Signature

Please print name

CC: Registrar's Office