

REQUEST FOR TUTORIAL COURSE

NOTE: Before any work begins, this form must be completed with all signatures, and the student must be registered for the course.

Tutorials are for **catalog courses** only. Students may be assessed a tutorial fee depending on the reason for the tutorial. All fields in this form should be completed legibly. The **STUDENT** is responsible for obtaining all signatures.

Student's Name: _____ ID#: _____

Major or Program: _____ Classification: FR SO JR SR Grad

Main Campus Student Online Student (cohort # if applicable) _____ Global (Site) Student (cohort # if applicable) _____

Course Number and Title (e.g. SOC 101 Intro to Sociology) _____ Credit Hours _____

Requested term and year of enrollment (e.g. Spring 2018) _____

DETAILED Reason for Tutorial

For the Student

Tutorial course expectations:

- Regular contact with instructor, and timely submission/completion of assignments and coursework.
- Completion of coursework by the End Date designated by the instructor.
- Timely communication with the Office of Registration and Records for drop or withdrawal from the course.

I understand and agree to abide by the expectations listed above.

Student's Signature

Date

For the Advisor

I confirm that the student and I have explored alternative options, and this tutorial is the best possible solution.

FOR GLOBAL/GRAD ADVISORS ONLY: Start Date of Tutorial Instruction (MM/DD/YY) _____
 End Date of Tutorial Instruction (MM/DD/YY) _____

NOTE: Dates must fall within the same term with a reasonable amount of time for the student to complete the coursework within the term.

Advisor Name (Print)

Signature

Date

For the Instructor

Tutorial course expectations (see also the Faculty Handbook):

- Regular contact with the student, and timely feedback and grading, including final grade.
- Spend at least 5 clock hours per credit hour in direct instruction with the student, and document all interactions with the student.
- If syllabus for this tutorial is altered from regular course syllabus, I have attached a copy to this document to verify credit hour policy.

I agree to the dates of instruction as indicated by the advisor.

I understand and agree to abide by the expectations for the instructor as listed above.

I understand that, if this course is approved, I will receive a separate contract for teaching this course initiated by the dean or department chair who administers the course.

Instructor Name (Print)

Signature

Date

For the Dean or Department Chair *responsible for the administration of this course:*

(Not necessarily the dean/chair of the student's major or program.)

The instructor has a Qualified Faculty Form on file with Academic Affairs for this course.

NOTE: The Instructor contract should be initiated by the dean or department chair upon approval of this form.

Check the appropriate box: Charge fee per policy.

Request for fee waiver. Rationale: _____

Dean/Chair (Print)

Signature

Date

Approve Deny Academic Affairs _____ Date _____

COMMENTS _____

Approve Deny Registrar _____ Date _____

COMMENTS _____

Registrar's Office: Student is registered for the course.

Upon Completion of the Form: Original goes to student file. Scanned copy goes to Dean or Department Chair, Advisor and Student.