



Tutorial Registration

TO THE REGISTRAR: Student ID: _____

_____ has permission to register for the following:
(print name of student)

(Name of Tutorial)

(Credit) _____
(Print department name and number: 290-390-490)

Semester: _____ 20_____

Supervisor's Signature _____
Date

Chair's Signature _____
Date

Dean's Signature _____
Date

Registration completed: _____
Recorder's Signature _____
Date

Study Plan and Contract

Student _____

Faculty Supervisor _____

(Catalog name and number, and descriptive title of project)

Semester _____ 20____ Credit Hours_____

Goals:

Methods:

Means of Evaluation by the Faculty Supervisor:

(Student's signature)

(Date)