

Academic Tutorial Request and Contract

		STUDENT INFORMATION		
Student Name:		Date:		
Telephone:		Track:		
			'	
	(CONTRACT INFORMATION		
I, the undersigned, I	request an Academic Tutoria	l for the following reason (pleas	e check one) for the	following time period:
Academic Tu This form must	torial Type be submitted <u>prior</u> to	Objectives Objectives for Completing Tutorial Work:		
Course: Course ID #: Title:				
☐ Preparation to retake my: ☐ Comprehensive Written Exam ☐ Oral exam				
Complete [Doctoral Concept Pap			
Start Date Due Date (first day of month)				
(first	t day of month)	(last day of month)		
Instructor/Adv	risor			
Academic tutorial within one year of	must be completed the original course date.	Required Signatures:		
Prior to beginning	the tutorial, discuss			
	s of the tutorial with the plete this form and send to	Student		Date
	the tutorial, the instructor the form to the Registrar.	Instructor		Date
and end the last da contract is required	first day of the month y of the month. A new d if coursework is not ast day of the month.	Registrar		Date
The instructor will s	work and a Grade instructor by the due date. Submit the tutorial work Form to the Registrar.	Approved Returned to faculty Reason for return		