



# Tutorial Registration

**A tutorial course is classroom-based, individualized instruction scheduled to meet on campus at a time mutually convenient for the student and instructor. The contact hours must meet the standard stated in the academic catalog. Approvals of the academic advisor, instructor, and course department chair are required before submitting this form to the Office of the Registrar.**

Please clearly print all information.

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

*I have read the above information and fully understand the tutorial registration policy.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Course Enrollment Term:**

Fall \_\_\_\_\_  Interterm \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Tutorial Course				
Subject	Credit Hours	Course Title	CRN	Contact Hours

**Reason for Request:**

**Approval Signatures** Advisor and Chair signatures indicate any prerequisites have been met.

<b>Academic Advisor</b>	signature _____ print name _____	Date _____
<b>Instructor</b>	signature _____ print name _____	Date _____
<b>Department Chair</b>	signature _____ print name _____	Date _____

**For Office Use Only**

<b>Dean</b>		Date _____
<b>Registrar</b>		Date _____

Approved  Denied Comments: \_\_\_\_\_

Term  Course Details  Request Reason  SFAREGS