

# TUTORIAL FORM

**YOU MUST HAVE JUNIOR STANDING TO PARTICIPATE IN INDEPENDENT WORK.**

This form must be completed and returned to the Office of the Registrar with ALL required signatures before the end of the registration period for the semester in which you expect to receive credit.

NAME: \_\_\_\_\_ STUDENT#: \_\_\_\_\_

PHONE#: \_\_\_\_\_ KC#: \_\_\_\_\_ CLASS: 1 2 3 4 CIRCLE ONE

SEMESTER/YEAR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ COURSE #: \_\_\_\_\_ T \_\_\_\_\_

TITLE: \_\_\_\_\_ AMOUNT OF CREDIT: .5 UNIT 1.00 UNIT  
CIRCLE ONE

GOALS (MAY ATTACH SYLLABUS): \_\_\_\_\_  
\_\_\_\_\_

METHOD: \_\_\_\_\_  
\_\_\_\_\_

EVALUATION  
CRITERIA: \_\_\_\_\_  
\_\_\_\_\_

FREQUENCY OF MEETINGS: \_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FACULTY SUPERVISOR – PRINT NAME: \_\_\_\_\_

FACULTY SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT CHAIR- PRINT NAME: \_\_\_\_\_

DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_