

TUTORIAL PROPOSAL

TO THE STUDENT: A completed Schedule Change (add/drop) form should be turned in with this form to the Academic Dean's office.

Student's Name: _____

Semester: _____ **Year:** _____

Department and Course Number: _____ **Hours Credit:** _____

Course Title: _____

Rationale:

Description of project:

Objectives:

Scheduled meetings:

Required materials and activities:

Evaluation (grading):

Approval: _____

Instructor's signature

Area Chair signature

Academic Dean's signature

Date : _____

Date : _____

Date : _____