



AUTHORIZATION FOR TUTORIAL

Office of the Registrar, 3800 Victory Pky., Cincinnati OH 45207-3351 Phone 513 745-3941

SECTION I: STUDENT INFORMATION (Completed by student)

Student I.D. Number	Student Name (please print)	Student Signature
Student's address and phone number		
Course will be added to student's registration when approved.		

SECTION II: CLASS INFORMATION (Completed by Instructor/Dept. Chair)

-T_____

Subject Area & Course Number	Specific Course Title for this use
Credit Hours _____ Contact Hours _____	Instructor (please print)
Term: <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Summer	Year _____
Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason this must be a tutorial and not a regular class: _____	

SECTION III: APPROVALS (Completed by Xavier personnel)

Instructor	Date	Phone number & campus mail location
Department Chair	Date	Phone number & campus mail location
Instructor's Dean	Date	Phone number & campus mail location

DIRECTIONS FOR TUTORIAL FORM (Please print clearly)

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|------------------------------------|--|
| STUDENT | <ul style="list-style-type: none"> - Complete Section I - Take to department chair and instructor for completion of Section II and Section III - Take to dean of the college of the class for approval - Present completed forms to the Office of the Registrar |
| INSTRUCTOR | <ul style="list-style-type: none"> - Check to see if student is eligible to register (admitted) - Use a valid course number for the semester in question - Give generic courses such as "Special Study" a specific course title corresponding to the material being covered |
| DEPARTMENTCHAIR/
SUMMERSESSIONS | <ul style="list-style-type: none"> - When form is forwarded from the Office of the Registrar, authorize payment on Summer Session Appointment Form. |

<i>Registrar's Office Use Only: Course Created and Student Registered by:</i>		
Initials:	CRN #:	Date:

*For summer only:
Registrar's Office send copy to Summer Sessions Office*