*Fill out this form electronically, obtain signatures, and submit the complete form to the Registrar’s Office (**registrarsoffice@houghton.edu* *or drop off at the Registrar’s Office).*

**Name:** **CWID:**

**Session:** Choose a session. **Other:** **Year:** Choose one.

**Course:** ( credit hrs)

**Reason(s) for requesting tutorial:**

Student Signature                                                                                              Date

*For the instructor:* Describe your plan of presenting the tutorial study.

Instructor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature                                                                                         Date

Tutorial study requested by:

Advisor                                                                                                               Date

Tutorial study request approved by:

Dean of the Area                                                                                            Date

Provost                                                                   \_\_\_\_\_\_\_\_\_\_\_\_\_           Date

Registrar’s Office action: