

HONORS TUTORIAL APPROVAL FORM

WESTERN CONNECTICUT STATE UNIVERSITY

TO BE COMPLETED BY STUDENT

Name: Last _____ First: _____

Student ID _____

Address: _____

Email Address: _____

Telephone: _____

Semester Requested: Please fill in the year next to the semester
Fall 20_____ Spring 20_____ Intersession 20_____ Summer 20_____ (Circle: I, II, III or IV)

Course: HON _____
(Course Number)

(Tutorial Name)

Student Semester Hours: _____ GPA _____

Honors Program Member: Yes No

TO BE COMPLETED BY TUTORIAL ADVISOR

Number of Faculty Contact Hours Per Week With Student: _____

Request is for (check one):

Faculty workload Credit(s) _____ Faculty Summer / Intersession Compensation _____

APPROVAL SIGNATURES

Faculty Advisor: _____ Date: _____

Department Chair: _____ Date: _____

Honors Program Director: _____ Date: _____

School Dean: _____ Date: _____

TO BE COMPLETED BY REGISTRAR'S OFFICE OR GRADUATE OFFICE:

Received and Processed
Signature: _____ Date: _____