DEPARTMENT OF MATHEMATICS
Tutorial Study

Student's Name: _____ I.D. No.: _____

Local Address: _____ Email Address: _____

Telephone: _____ GPA (Math): _____ Star # of course: _____

Course Number: _____ Title: _____ s.h. _____

Semester: Fall Semester 20____ Spring Semester 20____ Summer Term 20____

Print: _____
        Faculty Supervisor   Advisor   Department Chair

Sign: _____
        Faculty Supervisor   Advisor   Department Chair

COURSE OUTLINE:

Primary Resources:

METHOD OF EVALUATION:
    Examinations:(approximate dates) _____
    Graded Problem Sets: (Approximate number) _____
    Major Paper: Yes [   ] No [   ] (If yes, approximate number of pages) _____
    Comprehensive Final Examination: Yes [   ] No [   ]

Copy1 - Department Chair   Copy 2 - Faculty Supervisor   Copy 3 - Student