REGISTRATION FOR TUTORIAL

Name (Print): ____________________________  Class: ___________  Major: ___________
Department: ___________  Term: ___________  Study Director: ____________________________
Title of Project: ______________________________________________________________________

1. Main learning objectives (be specific):

2. Outline of proposed activities (program of study, etc):

Faculty Advisor: ____________________________  Date: ________________
Study Director: ____________________________  Date: ________________

Please Return this form to the Center for Student Services, College Hall 221