



SEMESTER: _____

PERMISSION TO ENROLL IN A TUTORIAL COURSE

DATE: _____

STUDENT'S NAME: _____ SS# _____

LOCAL ADDRESS: _____

MAJOR: _____ ADVISOR: _____

I REQUEST PERMISSION TO ENROLL IN A TUTORIAL COURSE (use catalog course #)

DEPARTMENT: _____ COURSE TITLE: _____

COURSE #: _____ CREDITS: _____

INSTRUCTOR: _____ DATE TO BE TAKEN: _____

MY TUTORIAL WILL COVER: _____

REASON FOR TUTORIAL: _____

STUDENT'S SIGNATURE _____

MUST BE APPROVED BY:

ADVISOR: _____ DATE: _____

INSTRUCTOR: _____ DATE: _____

DIVISION DIRECTOR: _____ DATE: _____

UNIVERSITY DEAN: _____ DATE: _____

COLLEGE PROVOST: _____ DATE: _____

WE AGREE TO SUPERVISE/ADMINISTER THIS TUTORIAL ACCORDING TO COLLEGE POLICY
PERTAINING TO THE INSTRUCTOR'S RATE OF COMPENSATION.

Mail or Fax Completed form to:

Registrar, Long Island University, 121 Speonk Riverhead Road LIU Bldg., Riverhead, NY 11901;
Fax: (631) 287-8125