

Request for Tutorial Study at The Crane School of Music

Student's Name: _____	P#: _____
Email Address: _____ @potdam.edu	Major: _____
Semester/Year to be taken: _____	# of credit hours: _____

Level of Course: (please circle one)	198	298	398	498	598	698	
Subject of Course: (please circle one)	MUAI	MUAP	MUCB	MUCE	MUCH	MUCP	MUCT
Other: (please list) _____							
Title of Course: (limited to 30 characters) _____							

Reason for Tutorial Study Request: please check the appropriate box
<input type="checkbox"/> Regularly scheduled course not available
<input type="checkbox"/> No course is offered
<input type="checkbox"/> Work advanced beyond course offerings
<input type="checkbox"/> To study a specific topic with a specific faculty member
<input type="checkbox"/> Other: _____

Describe in detail what you propose to do, including: (please attach additional sheets if necessary)
1) objectives
2) means by which they will be accomplished
3) means of evaluation
4) a course outline

Instructor's Name: _____	
Instructor's Signature: _____	Date: _____
Department Chair's Signature: _____	Date: _____
Dean's Signature: _____	Date: _____
*** By signing this form, the instructor understands that no CU's are given for a Tutorial.	

After the Department Chair has signed, please bring this form to the Scheduling Secretary, C220 Bishop Hall, for further processing.