Request for Tutorial Study at The Crane School of Music

This form is due prior to the end of the semester preceding the proposed tutorial study. Late proposals must be accompanied by a written appeal explaining the need for the tutorial.

Student’s Name: ___________________________ P#: __________________ Major(s): __________________

Email Address: ___________________________ @potsdam.edu  Semester/Year to be taken: __________

# of credit hours: _____  Student: I verify that I have room in my load to add this class □

Level of Course (please circle one):  Non-liberal arts: 197 297 397 497 597 697
Liberal arts: 198 298 398 498 598 698

Subject of Course (please circle one): MUCC  MUCE  MUCH  MUAI  MUCP  MUCT  MU__ __

Title of Course: ____________________________________________
(limit to 30 characters, including spaces)

If this course should be applied to a specific requirement in the student’s program (BearDen), please indicate this below by listing the degree requirement this course should fulfill.

________________________________________________________

Reason for Tutorial Study Request:
□ Pursue study/research in an area for which there is not sufficient demand to warrant a regular course offering
□ Pursue study/research that cannot be met by an existing course
□ Undertake interdisciplinary investigation under multiple instructors where existing courses do not provide such opportunities
□ Other: __________________________________________________

On an attached syllabus, please describe in detail your course proposal, including
• course objectives, Grading: □ Numeric or □ S/U
• means by which they will be accomplished,
• means of evaluation, and
• a course outline

Instructor’s Name: __________________________________________
Instructor’s Signature: ___________________________ Date: __________

By signing this form, the instructor understands that no CU’s are given for a Tutorial.

Department Chair’s Signature: ___________________________ Date: __________

Dean’s Signature: __________________________________________ Date: __________