

HUNTER COLLEGE SCHOOL OF SOCIAL WORK
TUTORIAL APPROVAL CREDIT FORM

Student's Name _____ ID# _____

Phone No. [W] _____ [H] _____

Tutorial Instructor _____

Credits Requested _____

Semester: (please check ✓ one) Fall Spring Summer Year: _____

Statement of the Proposed Project

Student's Signature _____

Faculty Signature _____

Associate Dean _____

Approved Yes No Date _____

cc: Tutorial Instructor
Student File