

# History Department Individual Writing Tutorial

Please print only

Semester: Fall A / Spring B

Year:

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Advisor Name for Writing Tutorial

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School Address: \_\_\_\_\_ College: \_\_\_\_\_

College: \_\_\_\_\_ College Dean: \_\_\_\_\_

Email Address: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Title of Course:

Please attach all documents, (books, articles, and syllabus).

Your IWT advisor must sign this form and they must be a History Professor.

Advisor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

DUS Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All information must be attached and returned to HQ room 212, History Undergraduate Office