History Department Individual Writing Tutorial

Please print only

Semester: Fall A / Spring B Year:

Name:
Last: ______________________ First: ______________________

Advisor Name for Writing Tutorial

__________________________________________________________

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