Davis Learning Center, WSU Davis Campus

Date: _____ Semester _____ Year _____

REQUEST FOR TUTORING

*Name:*_____ *W#:* _____

*Address:*_____

Street *City* *ST* *Zip Code*

*E-mail:*_____

Telephone # (s) _____/_____ *Circle One: Fr So Jr Sr*

*Best time to be contacted:*_____

Are you paying the Developmental Fee?		☐ *Yes*	☐ *No*	☐ *Unsure*
Is this your first time ever receiving tutoring at Weber State?			☐ *Yes*	☐ *No*
How did you learn about this service?	☐ Flyers	☐ Professor	☐ Other Student	☐ Other_____ _____

Course name and number _____ Number of hours per week desired: _____

Please indicate with an "X" the hours you are ***not available****. Please leave available as many hours as possible.*

HOURS	*MON*	*TUE*	*WED*	*THU*	*FRI*	*SAT*		*HOURS*	*MON*	*TUE*	*WED*	*THU*	*FRI*	*SAT*
7:30 AM								*2:30*						
8:00								*3:00*						
8:30								*3:30*						
9:00								*4:00*						
9:30								*4:30*						
10:00								*5:00*						
10:30								*5:30*						
11:00								*6:00*						
11:30								*6:30*						
12:00 PM								*7:00*						
12:30								*7:30*						
1:00								*8:00*						
1:30								*8:30*						
2:00														

Preferred day and time (if tutor schedule open): *Preferred Tutor (if open, optional):*

OFFICE USE:

COURSE	***TUTOR ASSIGNED***	***TIME***	***DAYS***	***START DATE***

Updated March 5, 2009