

TUTORING REQUEST FORM

SEMESTER: (Circle the correct semester)	Fall	Spring	Summer	YEAR:	DATE:
STUDENT NAME:					
W#:			EMAIL:		
HOME PHONE:		CELL PHONE:		WORK PHONE:	

FOR WHICH COURSE(S) DO YOU REQUEST TUTORING?			
COURSE	INSTRUCTOR	# OF DESIRED TUTORING APPOINTMENTS PER WEEK	PREFERRED DAY(S) / TIME(S)
1			
2			
3			

PLEASE "X" OUT THE HOURS YOU ARE NOT AVAILABLE BELOW						*FOR OFFICE USE ONLY* TUTORING ASSIGNMENTS			
HOURS	M	T	W	TH	F	SUBJECT	TIMES/DAY	START	CANCEL
7:00									
7:30									
8:00									
8:30									
9:00									
9:30									
10:00									
10:30									
11:00									
11:30									
12:00									
12:30									
1:00									
1:30									
2:00									
2:30									
3:00									
3:30									
4:00									
4:30									
5:00									
5:30									
6:00									
6:30									
7:00									
7:30									

STUDENT:
Please read the following, and sign if you agree.

As a participant in Student Support Services, I understand that

- * My tutor will not and cannot do my work for me.
- * I need to be prompt and prepared for my tutoring sessions.
- * If, for any reason, the tutoring relationship is not working, I will see an advisor to make arrangements to better suit my needs.
- * If I decide that I no longer need tutoring, I will notify the Student Support Services office by calling 626-7009.
- * If I cannot keep a scheduled appointment, I will notify the Student Support Services office by calling 626-7009 as far in advance as possible.
- * During a semester, I am allowed a maximum of 2 no-shows or a maximum of 3 cancellations. If I reach these limits, I understand that my tutoring may be suspended or cancelled for the rest of the semester.

Signature _____

Date _____

SSS ADVISOR SIGNATURE

DATE