

## Tutor Request Form

**Student must be sSs participant to receive tutoring services.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Accept Text \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Email (PNC) \_\_\_\_\_

Course Name & Number \_\_\_\_\_ Instructor \_\_\_\_\_

File Manager:  Juan  Kila  Belinda  Robin

Tutorial Assistance is needed in these areas:

Study Skills  Review Class Notes  Explain Concepts  Review for exam  **Review** Homework  Other:

Please indicate ALL possible times for tutoring. (Tutoring may be done off campus.) <b>Include a copy of class schedule</b>					
Monday	Tuesday	Wednesday	Thursday	Friday	Other _____
From	From	From	From	From	From
To	To	To	To	To	To
From	From	From	From	From	From
To	To	To	To	To	To

*Student Support Services has permission to release my contact information for tutoring purposes.*

**Student Signature**

**Date**

Tutor Assignment : \_\_\_\_\_ Date: \_\_\_\_\_

Sessions Schedule: \_\_\_\_\_