

Tutor Request Form



Please complete and return this form to either the front desk attendant in D08 or to Anna Mary Walsh, Academic Support Services, D-08.

Date: _____ Semester: _____ Fall _____ Spring _____ Summer

Name: _____ SID# _____

Email address: _____

Phone number: _____

Address: _____

Number and Street

Apt. number

City: _____ Zip: _____

Class to be Tutored:

Instructor Name:

Current Grade:

(please list general grade)

How did you find out about tutoring services? _____ Instructor; _____ Friend; _____ Website; _____ Brochure

To be completed by student seeking assistance:

Briefly describe course(s) and areas with which you need assistance: _____

Student Signature: _____ Date: _____

To be completed by INSTRUCTOR or COUNSELOR : *(Students: PLEASE DISREGARD THIS SECTION)*

"In my professional opinion, this student's academic success will partially depend upon tutorial assistance."

Instructor's or Counselor's Signature: _____

Comments: _____

Academic Support Center Staff Verification: _____

