

Name: _____
Last First Middle InitialAddress: _____
Street

City State Zip

Preferred Phone: _____ EMail: _____

Major/Program of Study: _____

Course you are requesting tutoring in: _____

How many hours per week do you study for this class? _____

Please check any of the following actions you have taken for this course:

- Spoke with instructor for extra help
- Study partner/group from class
- Math, writing or reading lab
- Other (describe) _____

Instructor for this class: _____

Instructor Signature: _____

Former tutor(s) (if applicable) _____

FOR OFFICE USE ONLY

Date Assigned: _____ Tutor: _____