



TUTOR REQUEST FORM

Please print clearly.

DATE: _____

Student's Name

Telephone Number

Course Name & Number

Semester / Year

Course Instructor's Name

E-mail Address

CHECK DAYS AND LIST TIME(S) YOU ARE AVAILABLE FOR TUTORING. THE MORE DAYS YOU CHECK/LIST, THE BETTER SSS CAN SERVE YOU.

Number of sessions *per week* requested: _____

- MONDAY: _____
- TUESDAY: _____
- WEDNESDAY: _____
- THURSDAY: _____
- FRIDAY: _____

SSS Office Hours
 M – F: 8a to 12p *and* 1p to 5p

DO NOT WRITE IN THIS AREA. [Office Use]

DATE REQUEST FILLED: _____ TUTOR ASSIGNED: _____

INSTRUCTOR: _____ DATE TUTORING STARTS: _____

Comments: _____

