



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: _____

Form revised 01/05/2014 – Save as: Tutor Request Form SSS