

# Individual Tutoring Request

TEACHING AND LEARNING CENTER

Name : \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Instructor Phone: \_\_\_\_\_

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## PERSONAL INTERVIEW

1. Are you attending group tutoring sessions? YES NO

*If no, please explain why –*

2. Have you discussed your needs with the professor? YES NO *Please explain.*

3. What is your current grade in the class? \_\_\_\_\_

4. What do you see as your specific needs for this class?

## PERMISSION *(Please initial.)*

\_\_\_\_\_ The TLC may provide my contact information directly to my tutor.

\_\_\_\_\_ The TLC may discuss my learning needs with my tutor.

## CONTRACT

*I understand that my tutor will be a busy college student just like me, and I will respect his or her time by arriving on time for appointments or phoning ahead to cancel. **Three (3) missed sessions will result in forfeiture of tutoring services.***

Signature \_\_\_\_\_

TURN FORM OVER TO COMPLETE SCHEDULE OF WHEN YOU CAN MEET WITH TUTOR.

Write "OPEN" in the time slots you are available to meet with a tutor.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9:00 AM							
10:00 AM					COLLOQUY		
11:00 AM							
NOON							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							

**FOR OFFICE USE ONLY**

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AUTHORIZATION

\_\_\_\_\_ Professor \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ TLC Staff \_\_\_\_\_ Date \_\_\_\_\_

NOTES

Tutor Assigned \_\_\_\_\_ Date \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Cancelled by: Coach Student TLC Date \_\_\_\_\_