

APPLICATION FOR TUTORIAL SERVICES

STUDENT

STUDENT ID NUMBER _____ DATE _____ TERM _____

NAME _____ PROGRAM _____

ADDRESS (HOME OR DORM) _____

PHONE OR CELL PHONE NUMBER _____

EMAIL ADDRESS _____

Do you grant permission to release your phone number and email address to your tutor?
 Yes or no? _____

Please complete your schedule of classes for the current term. Place an X in those times you are not available for tutoring.

SCHEDULE OF CLASSES

	MON	TUES	WED	THURS	FRI	SAT	SUN
7:00 – 8:00							
8:00 – 9:00							
9:00 – 10:00							
10:00 – 11:00							
11:00 – 12:00							
12:00 – 1:00							
1:00 – 2:00							
2:00 – 3:00							
3:00 – 4:00							
4:00 – 5:00							
5:00 – 6:00							
6:00 – 9:00							

I am having difficulty in the following course and request tutoring assistance:

I understand The Academic Success Center will provide a tutor depending upon the availability of tutors in the requested subject area. The Academic Success Center does not guarantee a tutor for all subjects. The tutor must be an Indian Hills student recommended by an instructor. The Academic Success Center reserves the right to choose the tutor.

 (Student Signature)

INSTRUCTOR

Permission is granted for _____ to receive tutoring assistance.

Recommendations for specific areas in which to provide assistance:

Estimated present grade in class _____ **Instructor's Signature** _____

ACADEMIC SUCCESS CENTER

TUTOR ASSIGNMENT:

NAME _____ **PHONE** _____

EMAIL _____