REQUEST FOR TUTOR FORM - WALLACE CAMPUS

Name: **Student Number:** **Date:**

Home #: **Cell #:**

Work#:

Preferred E-mail address (PRINT CLEARLY):

Day(s)/Time(s) Available:

____	**Monday**	_____**a.m/p.m.**
____	**Tuesday**	_____**a.m./p.m.**
____	**Wednesday**	_____**a.m./p.m.**
____	**Thursday**	_____**a.m./p.m.**

Subject(s):_____

_____

_____

FOR OFFICE USE ONLY

Date Assigned:_____ **Tutor(s) Assigned**_____
Date Assigned:_____ **Tutor(s) Assigned**_____
Date Assigned:_____ **Tutor(s) Assigned**_____
Student & Tutor entered into Student Access:_____

FOR PEER/PROFESSIONAL TUTORS USE ONLY

I have contacted this student and scheduled tutoring sessions for:_____

_____

I have **not** been able to contact this student:_____

_____

Student feels they no longer need my services (explain):_____

_____

_____