



Tutoring Form

Student name: _____

Student ID#: _____

Student cell: _____

Student email: _____

Program: _____

(Select One): AM PM Weekend

Tutoring assigned by: _____

Tutoring instructor: _____

Course requested for Tutoring: _____

Lecture and/or Lab

Please list specific topics for review: _____

Tutoring is scheduled for:

Date: _____ Time: _____ Location: _____ # of Sessions: _____

Tutor Comments:

In signing this, I agree that I require assistance and I declare that I will be in attendance on the time and date as documented above.

Student Signature

Date

Tutor Signature

Date

Advisor Signature

Date