



## TUTOR REQUEST

Academic Success Center

Semester \_\_\_\_\_

**NAME:** \_\_\_\_\_

Current Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Current email address: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Instructor's name:** \_\_\_\_\_

Check Any/All That Apply:

- Athlete
- EOPS
- SSS
- Cal WORKS
- DSPS
- MESA

**\*\*Please put an X in each block of time where you are available for tutoring.**

\* Do not mark a box if you are NOT available.

\* Print a copy of your current schedule and attach.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

I am AVAILABLE for tutoring at:

(Check one or both)

- Weed Campus
- Yreka Campus

Coordinator's Approval:

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My signature indicates that I have read and understand the top information sheet. In addition, I have read and understand my responsibilities regarding receiving tutoring services as indicated in the attached 'Guidelines for A Successful Tutoring Session'.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_