Complete and submit to the Tutoring Center.

Student Name ___________________________ Student ID __________________

E-mail __________________________________ Day Phone __________________

Course I need help with ____________________________

Instructor for this course ____________________________

Program I am enrolled in ____________________________

Quarter: Su □ F □ W □ Sp □ Year _________________

Students must be attending class and working on assignments to receive tutoring. Tutoring will be provided in the Tutoring Center during the drop in hours. If you need help, in a program-specific course, please indicate the times you are available for tutoring.

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<th>8:00a-10:00a</th>
<th>10:00a-11:00a</th>
<th>11:00a-12:00p</th>
<th>12:00p-1:00p</th>
<th>1:00p-2:00p</th>
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<th>3:00p-4:00p</th>
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Student, please check all boxes that apply to you:

- □ Disability
- □ Economically Disadvantaged
- □ Single Parent
- □ Displaced Homemaker
- □ Nontraditional by Gender
- □ Limited English Proficiency
- □ Other Barriers to Academic Achievement

I understand that my instructor may release information about my course progress and attendance to my tutor and to the Tutoring Center and that my phone number and e-mail address may also be given to my tutor.

Student Signature ___________________________ Date ________________

Outcome/Action Taken

Assigned to Drop-In Tutoring □ Hours/wk ______ Availability ______________________

Matched with Tutor □ Hours/wk ______ Tutor: ___________ Location: ____________

Tutoring Staff Approval ___________________________ Date ________________ Request # ____________

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