



# TUTORING REQUEST FORM

**Tutoring Center**  
Location: H 9  
Phone: 360-752-8499  
Email: tutoring@btc.edu

**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.

Days	8:00a-10:00a	10:00a-11:00a	11:00a-12:00p	12:00p-1:00p	1:00p-2:00p	2:00p-3:00p	3:00p-4:00p	4:00p-5:00p	5:00p-7:00p	Other Availability
Monday										
Tuesday										
Wednesday										
Thursday										
Friday							-----	-----	-----	

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 <input type="checkbox"/>	Hours/wk _____	Availability _____
Matched with Tutor <input type="checkbox"/>	Hours/wk _____	Tutor: _____ Location: _____
Tutoring Staff Approval _____	Date _____	Request # _____