

Tutor Request Form

Today's Date: _____ **Student ID#:** _____

Name: _____

Home Phone: _____ **Cell:** _____

Local Address: _____

Permanent Address: _____

Academic Level: (circle one) **FR** **SO** **JR** **SR** **GRAD**

Major: _____ **Minor:** _____ **GPA:** _____

Full Time: (circle one) Yes or No **Continued ED (Part Time): Yes or No**

Are you a Veteran: Yes or No **Language Spoken:** _____

Course(s) you are requesting assistance in: (Abbreviate Please) _____

Course Name **Course #** **Instructor:** _____

Course Name **Course #** **Instructor:** _____

Course Name **Course #** **Instructor:** _____

Have you ever participated in any of the programs listed below? If yes, circle the program(s) _____

D.S.P. **A.I.D.** **S.S.S.P.** _____

To help aid in our assistance with you, do we have your permission to contact your professor? _____

(Circle One) Yes or No _____

Please put completed form in Professor Vincent's or Professor Defelippo's mailbox.

