**TUTORING IN MATH AND SCIENCE REQUEST FORM**

ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

First M.I. Last

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in School: F\_\_\_ So\_\_\_ Jr\_\_\_ Sr\_\_\_ Sp\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Demographic Info. Check all that apply:**  \_\_\_ Receiving Financial Aid (must be on Financial Aid’s low income list.)  \_\_\_ On Probation  \_\_\_ Non-Traditional Student (over 24, have children, married, divorced, delayed college)  \_\_\_ Veteran \_\_\_Veteran-Chapter 31  \_\_\_ DVR Client (Division of Voc Rehab) \_\_\_ Workforce Development Client  AMERICAN MINORITY:  \_\_\_ African American \_\_\_ Asian American \_\_\_ Hispanic American \_\_\_ Native American \_\_\_ Other |

|  |  |
| --- | --- |
| **This Area for Office Use Only**  Fee Waiver \_\_\_\_\_\_\_\_\_\_ Fee Amount \_\_\_\_\_\_\_\_\_\_\_\_ | **Initials**  **\_\_\_\_\_\_\_\_\_\_\_** |

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| **List Subject(s) you are requesting tutoring for below.** | | **Area Below for Office Use Only** | | |
| **Subject & #** | **Instructor** | **Tutor** | **Day/Time** | **Start Date** |
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| **Mark off:**  Classes    Work  Athletic practice  Other unavailable times.  Leave  available times blank | **Schedule** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **9 - 9:50** |  |  |  |  |  |
| **10 - 10:50** |  |  |  |  |  |
| **11 - 11:50** |  |  |  |  |  |
| **12 - 12:50** |  |  |  |  |  |
| **1 - 1:50** |  |  |  |  | **Closed** |
| **2 - 2:50** |  |  |  |  | **Closed** |
| **3 - 3:50** |  |  |  |  | **Closed** |
| **4 - 4:50** |  |  |  |  | **Closed** |
| **5 - 5:50** |  |  |  |  | **Closed** |

**Bring this completed form to the Tutoring Center (LRC 018).**

**You will meet with a coordinator and be placed with a tutor.**