

CONTENT TUTORING REQUEST FORM

ID# _____ Name _____ Date _____
First M.I. Last

Phone: _____ Year in School: Fr ___ So ___ Jr ___ Sr ___ Sp ___

Male
 Female

E-mail: _____@uwsp.edu Major: _____

Demographic Info. Check all that apply:

___ Foreign/International Student – Country of Origin _____

___ Receiving Financial Aid (grants, loans, work-study, etc.)

___ 1st-Generation College Student (Neither parent earned a 4-yr college degree)

___ On Academic Probation

___ Non-Traditional Student (over 24, have children, married, divorced, delayed college)

___ Veteran ___ Veteran-Chapter 31

___ DVR Client

___ ADD/ADHD ___ Learning Disability ___ Physical Disability ___ Other Disability

AMERICAN MINORITY:

___ African American ___ Asian American ___ Hispanic American ___ Native American

This Area for Office Use Only

Low Income _____

Fee Waiver _____
 (Mark as Paid)

Fee Reduction _____

Fee Amount _____

Entered by _____

List courses you are requesting tutoring for below.		Area Below for Office Use Only			
Course & #	Instructor	Tutor	Day/Time	Start Date	Notified
					Learner <input type="checkbox"/> Tutor <input type="checkbox"/>
					Learner <input type="checkbox"/> Tutor <input type="checkbox"/>
					Learner <input type="checkbox"/> Tutor <input type="checkbox"/>
					Learner <input type="checkbox"/> Tutor <input type="checkbox"/>

		Mon	Tues	Wed	Thurs	Fri
SCHEDULE • List all courses (i.e. Bio 101). • Mark off: ➤ Work ➤ Athletic practice ➤ Other unavailable times. • Leave <u>available</u> times <u>blank</u> .	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 must meet with a Coordinator and be placed with a tutor.