



Request for Tutoring

Name _____ Phone # _____ - _____

Times Preferred _____

Day _____	Time _____	Day _____	Time _____
Day _____	Time _____	Day _____	Time _____

E-Mail Address _____

Tutoring Services Requested

Subject _____ Subject _____

Subject _____ Subject _____

Additional Assistance Requested

___ Time Management ___ Note Taking, Study Skills ___ Stress Management

___ Understanding Course Content Other (please list) _____

Tutorial Agreement

By signing below, I understand and agree to the following:

1. I will come to each tutoring session prepared by having read my assignments, attempted the homework, and written down questions I may have. Tutors are here to help you with your work, not do it for you.
2. I will bring all relevant materials to tutoring sessions.
3. I will notify my tutor in advance any time I will be late or will not be able to come in for my scheduled appointment by leaving a message at the Center for Academic Success(Room 208) or by calling 874-6152.
4. I will attend class regularly.
5. I will respect the confidentiality of all group sessions, if applicable.
6. I will alert Center staff to any problems occurring in the tutorial relationship and special accommodations I need.
7. I give permission for my tutor or the Center director to speak with my instructor(s) of the class(es) for which I am receiving tutoring if necessary.
8. I give permission for the Center director to access my semester grades at the end of the semester for reporting purposes.
9. I authorize the Center to share my request for tutoring with my instructor.

I also understand that I may have **two hours of tutoring per week per subject**, unless other arrangements have been made, and that I may lose my tutoring privileges if I miss two tutoring sessions without notifying my tutor in advance or fail to adhere to the standards listed above.

Name Date

OFFICE USE ONLY

Date Submitted to Academic Development Center _____ Tutor Assigned _____