

# ASSIGNED TUTOR REQUEST FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID#: \_\_\_\_\_ Box #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Course(s) Requesting Tutoring for:

1. \_\_\_\_\_  
*Course Number*                      *Course Title*                      *Professor*

Need Assistance/Having Difficulty With:

\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
*Course Number*                      *Course Title*                      *Professor*

Need Assistance/Having Difficulty With:

\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
*Course Number*                      *Course Title*                      *Professor*

Need Assistance/Having Difficulty With:

\_\_\_\_\_  
\_\_\_\_\_

Best Time to Meet With Assigned Tutor:

Monday \_\_\_\_\_ Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_ Weekend \_\_\_\_\_

Wednesday \_\_\_\_\_

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*For Office Use Only*

Assigned Tutor: \_\_\_\_\_ Day/Time Scheduled: \_\_\_\_\_

Notified By:  Phone  Email  Mail  Other \_\_\_\_\_ Date: \_\_\_\_\_