



STUDENT SERVICES - TUTORING REQUEST FORM

Student Contact Information

First & Last name: _____

TU Email Address: _____

Local Address: _____

Preferred contact phone: _____

Gender: Male Female

Class of: _____ (anticipated graduation date)

Program:

I need tutoring in these Subjects/Courses:

- COM MSMHS - COM
- COP MSMHS - COP
- PA/MPH GSOE
- MPH NURSING

1. _____
2. _____
3. _____
4. _____

Weekly Availability: (please specify times)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Example: 9-noon						
Afternoon							
Evening							

Number of hours I would like to be tutored each week: _____

Name of preferred tutor (if applicable): _____

I am currently tutored by:	Student	Course	Hours/week
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please return the completed form to the Academic Support Office in 690 Walnut Ave. #215.