

CADS Tutorial Lab

Tutor Request Form



(PLEASE PRINT)

Name: _____
Last name First name

Today's Date: _____

Person Number: _____

Enrollment Status: EOP SSS
 ACE CPM
(CSTEP, LSAMP, ACKER)

Counselor: _____

The best way to contact me is through: E-mail Phone

Email Address: _____

Phone #: _____

Major: _____

Class (Check one): ___ Freshman ___ Senior
 ___ Sophomore ___ Graduate
 ___ Junior

Course number and title requesting tutoring in:

Course #	Course Title	Instructor	Tutor Assigned	Recorded
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Tutor Requested _____ Course _____

Check which times you are available for tutoring:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Tutoring Contract – Please read carefully and sign below:

I understand that once I am assigned a tutoring appointment, I must arrive on time and respect the time limit! I must come prepared with all textbooks and assignments. I must notify the CADS Tutorial Lab in advance if I cannot make a tutoring appointment. I understand that missed appointments will result in the loss of tutoring privileges.

(Student Signature)