Austin Peay State University
ACADEMIC SUPPORT CENTER

REQUEST FOR TUTORING

Name: Last First MI SSN: Date:

Address: Street City State Zip

Phone: Home Work Cell

E-Mail Address:

Course to be tutored (Course / Number): Repeating Course? no

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Course to be tutored (Course / Number): Repeating Course? no

Location of Course: Main Campus

Have you discussed your need for help with the course instructor(s)? select

Is the Instructional Specialist allowed to call you at home in case of a scheduling change? select

Are you a conditionally admitted student? select

Are you presently registered with disability services? select

Ethnicity (Optional):

Please bring the completed application to the Academic Support Center (Morgan University Center, Room 114). The Instructional Specialist will work with you to schedule tutoring.

Please read and sign:

I understand that I must arrive on time for my tutoring sessions. In the event of an emergency which prevents my attending, I will notify the assigned tutor, the lab attendant, or the Instructional Specialist to cancel at least 24 hours prior to my scheduled session. I understand that if I fail to follow the guidelines of the tutoring agreement, I will forfeit my opportunity for scheduled tutoring for the remainder of the semester.

_____

Signature

For Office Use Only

Tutor	Days	Times	Assignment Date

Form C-99, rev. 6/06

Print Reset