

Request for Tutoring

TRIO Student Support Services
Austin Peay State University
Ellington 337, 221-6142



1st Complete the front and back of the form. 2nd Give the completed form to the Tutor Coordinator and schedule an initial appointment.

Name _____ A# _____ Today's Date _____

E-Mail _____ Cell Phone _____ Dorm Phone _____ Home Phone _____

Do you give permission for the Tutor Coordinator to give a tutor your contact information? ___ Yes ___ No

Circle each contact method preferred: **e-mail** **cell phone** **dorm phone** **home phone**

Street Address _____ City _____ State _____ Zip _____

Course to be tutored (one per request form) _____ Course # (ex. DSPM 0800) _____

Instructor _____ Have you discussed your need for help with the course instructor? _____

Have you requested or are you receiving tutoring from the Academic Support Center in the Marks Building Room 122 or from another tutoring center? ___ Yes ___ No

Major _____ Minor _____ Advisor _____

TRIO SSS provides individual tutoring in regularly scheduled sessions. Tutoring is not available on a walk-in or as-needed basis. By completing this tutorial request form, you are making a commitment to attend all scheduled tutoring sessions unless prior arrangements have been made with your tutor or in case of an emergency.

Please read the following carefully and sign below.

I understand that I must meet with the tutor coordinator and my assigned tutor before tutoring can begin. I understand that I am responsible for reporting to every scheduled tutoring session on time. If I am unable to attend, I will notify my assigned tutor and the Tutor Coordinator to cancel at least 24 hours prior to my scheduled session. I understand that tutoring is a semester long commitment requiring consistently good attendance. The tutor coordinator must give approval before the number of weekly sessions can be adjusted or the tutoring location changed. I understand that if I have a disability and require special accommodations, it is my responsibility to notify the tutor coordinator. If I miss two or more sessions due to emergencies, it is my responsibility to schedule an appointment to meet with the tutor coordinator to discuss tutoring for the rest of the semester. I understand that if I miss two or more tutoring sessions without 24 hour notification, I may forfeit the opportunity to be tutored for the remainder of the semester.

Signature

Do not fill out below this line. For office use only.

Tutor's name _____ Date Assigned _____

Comments _____

Please copy your class schedule below. Indicate the time slots you are available for tutoring by writing the letter **A** in the appropriate time slots. You may also indicate when you work or have other time commitments with the letter **W**.

Hours	Monday	Wednesday	Friday
8:00 – 8:55 AM			
9:05 – 10:00 AM			
10:10 – 11:05 AM			
11:15 – 12:10 PM			
12:20 – 1:15 PM			
1:25 – 2:20 PM			
2:30 – 3:25 PM			
3:35 – 4:30 PM			
4:40 – 5:35 PM			
	Tuesday	Thursday	
8:00 – 9:25 AM			
9:35 – 11:00 AM			
11:10 – 12:35 PM			
12:45 – 2:10 PM			
2:20 – 3:45 PM			
3:55 – 5:20 PM			

Give times for evening or weekend hours available: Weekday evenings _____

Saturdays _____ Sundays _____

Do not fill out below this line. For office use only.

Request for Tutoring received _____
Date

of sessions completed _____

Tutoring schedule assigned _____
Date

of unscheduled absences _____

Additional contacts/Notes: _____

Final Grade: A B C D F

Tutor evaluation completed: Yes No

Signature of Tutor Coordinator _____ Date _____