

TRIO Student Support Services
Austin Peay State University, Clarksville, TN
Ellington 337, 221-6142
Tutorial Request

Circle: Ft. Campbell Main Campus
Fall ____ Spring ____ Year ____

Complete front and back of form, submit to Secretary and schedule initial appointment

Name: _____ SSN: _____ Date: _____

APSU E-Mail _____ Home Phone _____ Cell Phone _____

Do you give permission for the Tutor Coordinator to inform your tutor of your contact information for scheduling purposes only? Circle each contact mode permitted: cell phone home phone dorm phone e-mail

Street Address _____ City _____ State _____ Zip _____

Course to be tutored (one per application form): _____

Area and Course number (ex. DSPM 0870): _____ Instructor: _____

Are you repeating the course? _____ What grade do you want to make? _____

What grade would you expect to make if you do not have a tutor? _____

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

Are you receiving tutoring at the Academic Support Center in Morgan University Center RM 114? _____

Have you requested a tutor at the Academic Support Center or another tutoring center? _____

Major _____ Minor _____ Advisor _____

Please read the following carefully and sign.

I understand that I must meet with the Tutor Coordinator and my assigned tutor before tutoring can begin, unless otherwise discussed with the Tutor Coordinator. I understand that I am responsible for reporting to my tutoring sessions promptly. If I am unable to attend, I will notify the assigned tutor and the Tutor Coordinator to cancel my session at least 24 hours prior to my scheduled session. I understand that tutoring is a semester-long commitment requiring consistently good attendance twice per week. By tutor coordinator approval, the number of weekly sessions can be adjusted. I understand that if I have a disability and require special accommodations, it is my responsibility to notify the Tutor Coordinator. If I miss 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 tutoring sessions without 24 hour notification, I may forfeit the opportunity to be tutored for the remainder of the semester.

Signature

Below this line, office use only - Please leave blank.

Tutor name _____ Date Assigned _____

Comments _____

Please write the letter "C" in the time slots you are in class, and please write the letter "A" for the time slots you are available to be tutored. It may be helpful to write words like "WORK" in slots you are to be elsewhere.

| Hours | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| 8 – 9 | | | | | |
| 9 – 10 | | | | | |
| 10 – 11 | | | | | |
| 11 – 12 | | | | | |
| 12 – 1 | | | | | |
| 1 – 2 | | | | | |
| 2 – 3 | | | | | |
| 3 – 4:30 | | | | | |

Give times if weekend hours preferred:

Saturday: _____ Sunday: _____

Below this line, office use only - Please leave blank.

| | | | |
|-------|----------------------|-------|-----------------------------|
| _____ | First Contact | _____ | Second Contact |
| _____ | Third Contact | _____ | Fourth Contact |
| _____ | Sessions Completed | _____ | Unscheduled Absences |
| _____ | Evaluation Completed | _____ | Tutoring Services \$ Amount |
| _____ | Midterm Grade | _____ | Final Grade |

Signature of Tutor Coordinator _____ Date _____