

REQUEST FOR SERVICES

Office Use
Program _____
Initials _____

PLEASE PRINT IN INK

Date _____

NAME _____ STUDENT ID _____

ZIP/EMAIL ADDRESS _____ PHONE _____

My major is _____

Request for Tutorial Services in _____
(Course Name and Number)

for _____ (Instructor). The class meets _____ [days] [hours].

So that we may better assist you, please indicate the areas with which you need assistance: **(check as many as apply)**

- | | |
|---|--|
| <input type="checkbox"/> Course Grade | <input type="checkbox"/> Lab Work |
| <input type="checkbox"/> Taking notes in class | <input type="checkbox"/> Computation (Math) |
| <input type="checkbox"/> Understanding the text | <input type="checkbox"/> Vocabulary |
| <input type="checkbox"/> Understanding lectures | <input type="checkbox"/> Limitations in English Language |
| <input type="checkbox"/> Other (Specify) _____ | |

Please acknowledge the information below:

I have received and read the **Tutee's Duties** statement. YES _____ NO _____

I give my permission to release information necessary for the completion of this authorization. I also agree to meet with my instructor once during the semester to evaluate my academic progress. I understand that when I receive tutoring, I will automatically be enrolled in Human Services 1000, a non-credit class.

(Student's Signature)