Academic Support and Tutor Request Form

Name _____ Date _____

E-Mail _____

Local Address _____

Local Phone _____ Cell _____

College and Program _____

Class standing: [ ] 1st yr. [ ] 2nd yr [ ] 3rd yr [ ] 4th yr

Tutor Request

Course(s) _____

Course Director(s) _____

Advisor _____

Academic Support Coordinator – Appointment Request

Please select the areas that you are requesting help:

[ ] Learning Styles
[ ] Test-Taking Strategies
[ ] Paper Editing
[ ] Time Management
[ ] Note-taking
[ ] Study Strategies

[ ] Other _____

Any Additional information_____

_____