NAME: _______________________________ DATE: __________________
CLASS YR: __________________________ PHONE: __________________
MAJOR: _____________________________ E-MAIL: __________________

Name and number of course in which you will need tutoring:

______________________________________________________________________

Have you discussed your problem with the course instructor? □ yes □ no
If the department offers a study session or clinic, have you used this option?

□ yes □ no
If no, why not? ________________________________________________________
______________________________________________________________________

Instructor’s name: _____________________________________________________
Advisor’s name: _____________________________________________________

Briefly specify why you feel you need individual tutoring:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Name of Assigned Tutor:

______________________________________________________________________

Please return this form to Ruthanne Krauss, Dean’s Office, Parrish 108.