NAME: ___________________________ DATE: ________________
CLASS YR: ___________________________ E-MAIL: ___________________________
MAJOR: ___________________________

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.