TUTEE APPLICATION

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.