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 Mira Baric, Dean’s Office, Parrish 108.