

# TUTEE APPLICATION

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.**