

Date Received: _____
Fr. So. Jr. Sr.

Tutor Request Form – Spring 2020

Name: _____
Last First Middle

Student ID Number: (774) _____ - _____ Today's Date: ____ / ____ / ____

Cell Phone: _____ Campus E-Mail Address: _____@mycu.concord.edu

Class Name: _____ Instructor Name: _____

Class CRN: _____ Student Athlete? Yes No If yes, which sport _____

List all possible hours you are available to meet a tutor. (Usually, one hour per week will be assigned unless otherwise requested.)

Monday	Tuesday	Wednesday	Thursday

I agree that SSS staff members (including SSS tutors) may contact my instructor to determine my academic standing and progress at any time during this class.

Student Signature: _____

The following question is **optional**, and services will not be denied based upon a response or the lack thereof. Do you have any functional limitations, and if so, what accommodations have been given?

THIS SECTION WILL BE COMPLETED BY THE ACADEMIC COORDINATOR.

Tutor Assigned: _____

Tutor Assigned: _____

Assigned Times: _____

Assigned Times: _____

Date of First Session: _____

Date of First Session: _____

Location of 1st Meeting: _____

Location of 1st Meeting: _____

Referred by: _____

Referred by: _____

COMMENTS:
