

THE DAVID T. KEARNS CENTER

FOR LEADERSHIP AND DIVERSITY IN ARTS, SCIENCES AND ENGINEERING

Tutoring Request Form

Part 1

Name: _____

Date: _____

Email: _____

Phone: _____

Please note that email is the primary form of communication from the office.

Part 2 Requesting tutor for:

Course Number: _____ Instructor: _____

Course Number: _____ Instructor: _____

Course Number: _____ Instructor: _____

How often would you prefer tutoring? (once a week, twice, etc.) _____

Notification of your tutoring will be via email.

Part 3

Fill out schedule thoroughly, indicating all classes, work, athletics, commuting, etc.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00					
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00					
1:00-2:00					
2:00-3:00					
3:00-4:00					
4:00-5:00					